

Heartland Health Region



Primary Health Care
Heartland's Winning Combination



2007-2008 Annual Report



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RHA Website: www.hrha.sk.ca

Letter of Transmittal

To: The Honourable Don McMorris
Minister of Health

Dear Minister McMorris;

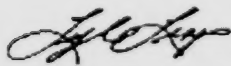
The Heartland Regional Health Authority is pleased to provide you and the residents of the health region with the 2007-08 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2008.

The Heartland Regional Health Authority had many successes during the fiscal year. I would like to highlight the following:

- The region completed another successful Accreditation Cycle in 2007-08, achieving Accreditation with Report. The first of two reports was submitted in February 2008, with the second to be submitted by August 31, 2008.
- On January 1 2008, Heartland Health Region implemented the Canadian Triage and Acuity Scale (CTAS), a nationally approved set of guidelines used to assess and categorize the urgency of care required by patients arriving at emergency departments.
- To facilitate strengthening and greater utilization of health care teams (i.e. the Primary Health Care model), reporting structures in the HRHA were re-aligned into four Primary Health Service Areas: Unity (Unity, Kerrobert, Macklin and Wilkie); Outlook (Outlook, Dinsmore, Davidson, Lucky Lake); Rosetown (Rosetown, Biggar, Elrose, Kyle); Kindersley (Kindersley, Beechy, Eston, Eaton).
- Community Services in Rosetown were relocated to newly renovated offices in a previously unused wing of the Rosetown Health Centre. Co-locating Acute and Community Services under one roof will improve client access to health services and enable the region to provide client-centred services more effectively. Moreover, once renovation costs are recovered, the HRHA will achieve rental cost savings that can be redirected as needed.

The overall success of the Heartland RHA is gratefully attributed to the dedication and commitment of employees and the medical staff of the RHA, as well as the generous residents who give unstintingly of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,



Lyle Leys
Chairperson

Who We Are

The Heartland Regional Health Authority (HRHA) is responsible to deliver health care services to citizens living within its borders. On April 1, 2007, the Authority implemented a 3-year Strategic Plan that had been developed with information collected from the board, staff and public stakeholders. At the same time, the HRHA revised its vision; affirmed 3 existing and adopted 5 new Values; and prioritized 5 Strategic Directions, each with a number of objectives. The Strategic Plan will guide the region's work over the several years. Strategic Directions outlined in the plan align with goals and objectives outlined by the Ministry of Health, and provides direction for the Authority's decision making about resource allocation and delivery of HRHA program and service priorities.

Heartland Vision (2007-08)

Building a region of healthy people and healthy communities.

Heartland Values (2007-08)

- Quality
- Fiscal responsibility
- Being accountable to the people we serve
- Courage
- Integrity/Honesty
- Empathy/Compassion
- Respect
- Abundance

Goals and Objectives (2007-08)

Saskatchewan Health has outlined the following goals and objectives for the provision of health care in Saskatchewan:

Improved access to quality health services	• Responsive, coordinated Primary Health Care (PHC) • Reduce waiting times for surgical procedures • Improve Emergency Medical Care • Improve hospital, specialized services and long-term care
Effective health promotion and disease prevention	• Better promotion of health and disease prevention • Improve the health of Northern and Aboriginal communities
Retain, recruit and train health providers	• Improve utilization and availability of health human resources • Develop representative work places • Create healthier more effective work places
A sustainable, efficient, accountable & quality health system	• Ensure quality, effective health care • Appropriate governance, accountability and management • Sustain publicly funded and publicly administered Medicare

In its 2007-2010 Strategic Plan, Heartland Regional Health Authority adopted 5 goals and objectives as found in the table below.

Developing Primary Health Care Services across the Region	P1: Develop Primary Care Service Areas and the Teams within, ensuring appropriate resource distribution P2: Strengthen our commitment to Chronic Disease Management and Healthy Living Maintain and develop appropriate secondary services to complement Primary Health Care services P3: Provide the right service by the right person in the right place at the right time P4: Actively explore and/ or create alternate service delivery models P5: Develop strategies to address: Mental Health Wellbeing; Accessible Nutritious Foods; Decreased Substance Use and Abuse; and Active Communities
Establishing Quality Performance and Expectations	Q1: Commit to Quality of Life for long term care residents Q2: Increase the use of evidence and Best Practices in decision-making Q3: Enhance data systems Q4: Make Continuous Quality Improvement the organizational culture Q5: Develop and implement a sustainable infrastructure plan for all facilities
Making On-going Communications a Priority	C1: Structure opportunity for open dialogue with staff, physicians, residents, communities, stakeholders and the provincial government C2: Actively seek out partnerships with communities, agencies, government and the private sector C3: Increase awareness of a shared responsibility for health, reasonable expectations and appropriate utilization of health care resources C4: Develop navigational tools and processes to ensure easy access to service
Building a Culture of Safety	S1: Develop and support the Safety Culture S2: Develop strategies to reduce injury S3: Ensure that HRHA workplace environments are safe and healthy
Supporting and Developing Human Resources	HR1: Continue to work at becoming the "Employer of Choice" HR2: Ensure provision of required education and actively seek placement opportunities for health career students HR3: Improve the retention and recruitment of health care personnel HR4: Create a culture that promotes healthy employees in healthy workplaces HR5: Promote informed personal health choices HR6: Develop leaders, and establish collaborative leadership structures and processes (build teams)

Each Heartland objective has been cross-referenced to applicable requirements outlined in the Saskatchewan Health Accountability Document (see next page).

Accountability Document Requirement	Heartland Strategic Direction
In order to build public and stakeholder support and confidence, implement procedures to ensure full public participation in all meetings of the RHA board, and at the meeting where the annual budget is tabled.	C1: Structure opportunity for open dialogue with staff, physicians, residents, communities, stakeholders and the provincial government C2: Actively seek out partnerships with communities, agencies, government and the private sector
Maintain a collaborative framework to ensure community involvement in determining health needs, planning and evaluation and use this network to consult prior to implementing major changes.	C1: Structure opportunity for open dialogue with staff, physicians, residents, communities, stakeholders and the provincial government C2: Actively seek out partnerships with communities, agencies, government and the private sector C3: Increase awareness of a shared responsibility for health, reasonable expectations and appropriate utilization of health care resources HR6: Develop leaders, and establish collaborative leadership structures and processes (build teams)
Regarding emergency preparedness: ▪ create/maintain an emergency management policy ▪ establish and maintain an emergency preparedness and response committee ▪ assign one person responsible for contact and coordination with Sask Health for business continuity and emergency planning purposes ▪ provide emergency preparedness training for staff and management.	S3: Ensure that HRHA workplace environments are safe and healthy
Regarding incident management systems for health emergency management, create a business continuity program that includes: ▪ a policy statement to set the corporate culture ▪ a risk and threat assessment ▪ documented business functions (priorities and mission-critical functions) ▪ business impact analysis ▪ response and resumption planning	S3: Ensure that HRHA workplace environments are safe and healthy
Support the Quality of Care Coordinator in effectively resolving concerns as required.	Q4: Make Continuous Quality Improvement the organizational culture C1: Structure opportunity for open dialogue with staff, physicians, residents, communities, stakeholders and the provincial government C3: Increase awareness of a shared responsibility for health, reasonable expectations and appropriate utilization of health care resources. C4: Develop navigational tools and processes to ensure easy access to service

Accountability Document Requirement	Heartland Strategic Direction
Develop/implement a risk management plan that includes risk identification in such categories as: strategic, environmental, legal, financial, operational, technological, property, client care & safety, human resources, & change. The plan should also include sections describing: the risk assessment methodology, the risk mitigation action plan, and the monitoring and evaluation process. The corporate risk profile should include the risks associated with not meeting the strategic goals and objectives contained in The Action Plan for Sask Health Care and the Sask Health Performance Plan.	Q2: Increase the use of evidence and Best Practices in decision-making Q3: Enhance data systems Q4: Make Continuous Quality Improvement the organizational culture Q5: Develop and implement a sustainable infrastructure plan for all facilities
Develop, implement, submit and adhere to a multi-year information management plan for the region.	Q2: Increase the use of Evidence and Best Practice in Decision Making Q3: Enhance Data Systems Q5: Develop and implement a sustainable infrastructure plan for all facilities
RHA has a communications plan that builds public support and awareness for regional delivery of health care services.	C1: Structure opportunity for open dialogue with staff, physicians, residents, communities, stakeholders and the provincial government C2: Actively seek out partnerships with communities, agencies, government and the private sector C3: Increase awareness of a shared responsibility for health, reasonable expectations and appropriate utilization of health care resources
Requires a written, tested and approved information technology disaster recovery plan that is reviewed annually and based on a threat and risk analysis.	Q2: Increase the use of Evidence and Best Practice in Decision Making Q5: Develop and implement a sustainable infrastructure plan for all facilities
The health care system has a sufficient number and effective mix of health care professionals who are used fully to provide safe high-quality care	HR1: Continue to work at becoming the "Employer of Choice" HR2: Ensure provision of required education and actively seek placement opportunities for health career students HR3: Improve the retention and recruitment of health care personnel HR6: Develop leaders and establish collaborative leadership structures and processes (build teams) P4: Provide the right service by the right person in the right place at the right time P5: Actively explore and or create alternate service delivery models

Accountability Document Requirement	Heartland Strategic Direction
Develop and implement a regional health workforce plan that reflects the goals of the Provincial Health Workforce Action Plan:	HR1: Continue to work at becoming the "Employer of Choice" HR2: Ensure provision of required education and actively seek placement opportunities for health career students HR3: Improve the retention and recruitment of health care personnel HR4: Create a culture that promotes healthy employees in healthy workplaces HR5: Promote informed personal health choices HR6: Develop leaders and establish collaborative leadership structures and processes (build teams) S1: Develop and Support the Safety culture S2: Develop Strategies to reduce injury S3: Ensure that HRHA workplace environments are safe and healthy C1: Structure opportunity for open dialogue with staff, physicians, residents, communities, stakeholders and the provincial government C2: Actively seek out partnerships with communities, agencies, government and the private sector Q2: Increase the use of Evidence and Best Practice in Decision Making Q3: Enhance Data Systems Q4: Make Continuous Quality Improvement the organizational culture P1: Develop Primary Care Service Areas and the Teams within, ensuring appropriate resource distribution P4: Provide the right service by the right person in the right place at the right time P5: Actively explore and or create alternate service delivery models
The health system has safe, supportive and quality workplaces that help to retain and recruit health care professionals.	HR1: Continue to work at becoming the "Employer of Choice" HR2: Ensure provision of required education and actively seek placement opportunities for health career students HR3: Improve the retention and recruitment of health care personnel HR4: Create a culture that promotes healthy employees in healthy workplaces HR5: Promote informed personal health choices HR6: Develop leaders and establish collaborative leadership structures and processes (build teams) S1: Develop and Support the Safety culture S2: Develop Strategies to reduce injury S3: Ensure that HRHA workplace environments are safe and healthy Q2: Increase the use of Evidence and Best Practice in Decision Making Q3: Enhance Data Systems Q4: Make Continuous Quality improvement the organizational culture

Code of Conduct and Ethics

In keeping with RHA's Code of Conduct, individual members of the RHA are expected to conduct themselves in an 'ethical and businesslike' manner. Board and staff alike are expected to conduct themselves in keeping with the region's values (summarized above).

The Heartland RHA places a high value on balancing the public's high expectations for health care programs and services with available human and financial resources and the context of the day. The Ethics Advisory Committee provides the Authority greater focus in sorting through ethical issues, and guides the development and delivery of initiatives to advance the understanding of ethical principles throughout the region (e.g. *Annual Dialogue on Ethics* Workshops). This year, Heartland launched an Ethics Consultation service that is available to all patients and clients of the region, and to staff. The region has contracted the services of the Saskatoon Health Region Ethics Consultant.

Partnerships

The Ministry of Health remained Heartland's key partner. As the region's primary funder, the ministry established accountabilities and reporting expectations, and set and monitored standards that ensured the provision of health care and services to area residents.

Heartland continued to work closely with the Saskatchewan Association of Health Organizations (SAHO), a non-profit, non-governmental association to which all health regions and associations providing health services belong. SAHO represents its membership in labour negotiations, and provides payroll and benefits services as well as OH&S, educational and representative workforce resources.

The Saskatoon Health Region is a key partner for Heartland. With no tertiary hospital, inpatient psychiatric or addictions services within its boundaries, Heartland professionals and physicians work closely with health providers in Saskatoon to ensure that patient/client health needs are met. The region continues to contract Medical Health Services from the Medical Health Officer portfolio in Saskatoon Health Region. As well, the Manager of Corporate Research continued to maintain an office in the Public Health unit of the Saskatoon Health Region Corporate Office for up to two days per week.

Participation in the West Central Regional Intersectoral Committee (RIC) remains a key Heartland commitment. Participants included the R.C.M.P., Sun West School Division, the Wild Goose Recreation Association, Prairie West Regional College, Ministry of Social Services and Ministry of Learning. Together, members of the RIC work to address the key determinants of health in Heartland's communities through funding that is provided to the RIC through various sources.

The West Central Municipal Government Committee (WCMGC), with representation from most RMS, towns and villages in the RHA, continued to meet monthly. The CEO provided updates each month on significant initiatives underway in the region. The WCMGC also functioned as a Community Advisory Group, providing feedback as requested by the region. Meetings also offered opportunities for municipal leaders to address their concerns directly with the CEO.

Administrative Structure

Under the direction of the President/CEO, Heartland's five Vice-Presidents carry out the portfolio responsibilities of Human Resources, Primary Care Services, Health Services, Corporate Services and Corporate Planning Services. The Senior Medical Manager is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 1.

Health Care Organizations

BridgePoint Center Inc., Milden

Heartland is proud to be home to this provincial program that offers intensive residential program services for adults and youths, as well as their families, who are struggling with eating disorders.

BridgePoint Center is located in the Village of Milden, in the former Milden Hospital. It is governed by an independent Board of Directors. Along with the Ministry of Health, the RHA has maintained a strong relationship with the BridgePoint Board of Directors through its liaison member from the Heartland Health Region.

BridgePoint Center celebrated a decade of providing program services during a conference held October 19-20, 2007 in Milden. Sandra Friedman, Anita Johnston, and Meryl Bear, all well-known experts in eating disorders, spoke during plenary sessions. They gave BridgePoint Center high praise as an innovative program in Canada providing high quality services to people with eating disorders. The retreat environment offers a supportive atmosphere for recovery provided in a team-based approach emphasizing personal learning in group interaction.

Ministry of Health funding for this program flows through the RHA. Heartland is pleased to support the innovative program services provided at the BridgePoint Center by its dedicated team, and its governing Board of Directors.

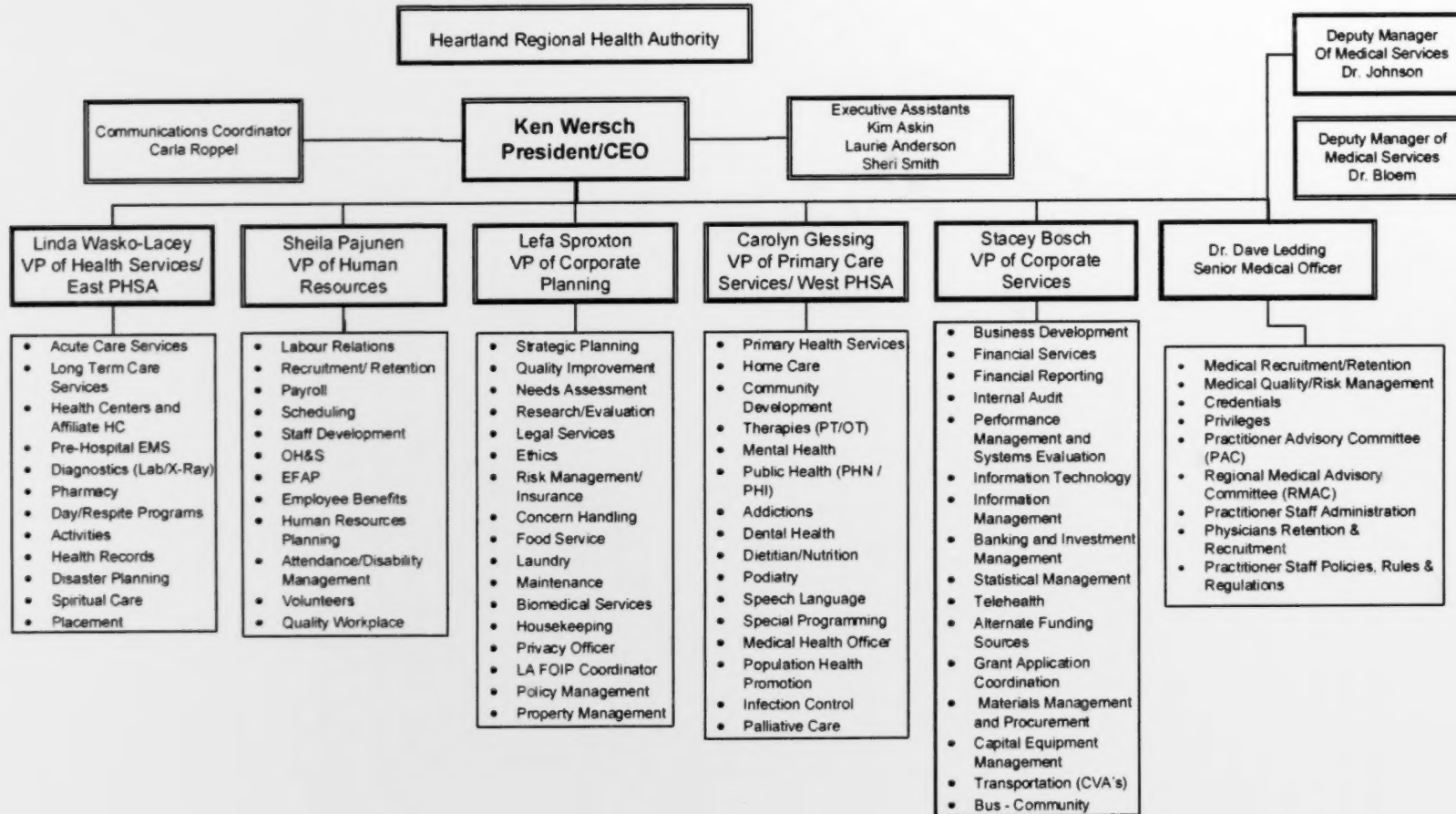
Canadian Mental Health Association, Kindersley

The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by Ministry of Health through the RHA. The Kindersley Branch focuses on mental health promotion and education activities in the Kindersley area. The CMHA partners with RHA and other community agencies in carrying out these activities.

Figure 1. RHA Organizational Chart

Portfolio Responsibilities

March 31, 2008



St. Joseph's Health Centre, Macklin

St. Joseph's Health Centre in Macklin operates as the HRHA's only affiliate Health Care Organization. St. Joseph's has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director. The HRHA is represented on the St. Joseph's board by a member of the Authority, Betty Shapka.

St. Joseph's offers out-patient treatment; emergency stabilization; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and 4 program beds, and works in partnership with the RHA in providing space for regional programs including community services, home care and Heartland's EMS services. Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Programs and Services

Hospital/Acute Care

Acute care services in Heartland were provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley), as designated by Saskatchewan Health. The region's seven hospitals provided 80 designated acute care beds that offered services including emergency stabilization, emergency obstetrical, low-complexity surgeries and diagnostic services. Table 1 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Institutional Supportive Care

Heartland and its affiliate provided Institutional Supportive Care (Long Term Care) services with the 479 beds in facilities and one affiliate located in fourteen communities (See Table 1). Requests for placement in Long Term Care facilities are prioritized based on need and availability of beds. Heartland's facilities offered an additional 59 program beds that provide respite, palliative convalescent and observation programs.

Emergency Medical Services

Emergency Medical Services (EMS) responded to more than 2800 calls from 17 sites dispersed throughout the Region. Most EMS are provided by Heartland Health Region, except for those in Beechy-Demaine and Elrose, which are contracted. Low call volumes in several sites, significant increases to standby/on call rates and recruitment difficulties continued to challenge the region's ability to effectively manage costs while providing quality care.

Home Care Services

Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and adult wellness clinics. Home Care also provided short-term acute care services on an as-needed basis.

Heartland residents who wish to live as independently as possible for as long as possible can apply for individualized funding. In 2007-08, two applicants were approved to receive individualized funding.

Community Services

The region continued to provide a wide range of programs to residents, including adult, child and youth counselling and psychiatric rehabilitation; addictions recovery and treatment services; public health nursing; public health inspection; public health nutrition and community dietitian services; population health coordination; dental health education; speech/language pathology; occupational and physical therapy; and podiatry.

Services are often delivered by a single dedicated professional. Implementation of Primary Health Service Areas (PHSA) and co-location of single professionals will strengthen the Primary Health Care Team approach (one of the four pillars of the Primary Health Care Model). Teams will be client-centred, and service delivery will be integrated. The initiative is expected to reduce travel time for health professionals, making more hours available to provide direct service to clients. Over time, Heartland will be able to better align teams and resources to meet the identified health care needs of Heartland citizens, thus using limited human and financial resources more sustainably.

Primary Health Care Services

Heartland Health Region views the Primary Health Care (PHC) model, a holistic way of responding to the health needs of area residents, as the way of the future in providing health care and services and promoting wellness. To prepare for the full implementation of the PHC model, Heartland re-organized administrative reporting structures to constitute four Primary Health Service Areas – a significant step toward meeting one of Heartland's organizational priorities of "Developing Primary Health Care services across the region."

Research from the Canadian Institute for Advanced Research indicates that 75% of the health status of Canadians is affected by factors outside the health system. For this reason, the region continued to focus on building effective, coordinated and comprehensive community-based strategies to address those factors. The region strengthened its role in encouraging and supporting individuals to take greater personal responsibility for their health by making healthy lifestyle choices, and treating individuals who are sick or in failing health.

* * * *

For more information about the region's progress in any of the areas listed above, please refer to the discussion located in the section titled *2007-08 Results at a Glance* beginning on page 22 of this report.

Table 1. Summary of Acute, Long Term Care and Program Beds located in Heartland Health Region Facilities (2007-08)

Facility	Program Offered	Acute	Long Term Care	Program	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley Health Centre	Acute, Program	21	0	5	26
	LTC	0	78	2	80
Total District Hospitals		21	78	7	106
Community Hospitals					
Biggar Hospital	Acute	13	0	2	15
Davidson & District Health Centre	Acute, LTC, Program	2	30	6	38
Kerrobert Health Centre	Acute, Program	6	12 (U) (<2)	2	24
	LTC	0	26 (<2)	0	26
Outlook Union Hospital	Acute, LTC, Program	6	12 ^a	6	24
Rosetown & District Health Centre	Acute Program	16	0	5	21
Unity & Dist. Health Centre	Acute, LTC, Program	10	33	2	45
Total Community Hospitals		59	113	23	193
Sub Total District/Community Hospitals		80	191	30	299
Health Centres					
Beechy Health Centre	Health Centre, M-F 5 days/week	0	0	0	0
Dinsmore Health Centre	LTC, Program (except) Stabilization (16 hrs/day)	0	18	4	22
Eatonia Health Centre	Health Centre, 5 days/wk	0	0	0	0
Elrose Health Centre	(LTC, Program (except observation & stabilization) (12 hrs per day)	0	30 (<2)	3	33
Eston Health Centre		0	32 (<3)	4	36
Kyle Health Centre	LTC, Program, Stabilization (16 hours/day)	0	17	3	20
Lucky Lake Health Centre	LTC, Program, Stabilization (12 hours/day)	0	17	3	20
Wilkie Health Centre	LTC, Program	0	29	5	34
Health Centres Subtotal		0	143	22	165
Special Care Homes					
Diamond Lodge	LTC, Respite	0	59	1	60
Outlook Pioneer Home	LTC, Day/Night, Respite	0	19*	0	19
Rosetown Nursing Wing	LTC	0	21 (>1)	0	21
Rosetown Wheatbelt Centennial Lodge	LTC, Respite	0	26	2	28
Special Care Home Subtotal		0	125	3	128
Total HHR Beds		80	459	55	592
Affiliated Health Centre					
St. Josephs- Macklin	LTC, Program	0	22	4	26
Grand Total		80	481	59	618

(U) - Unlicensed Beds

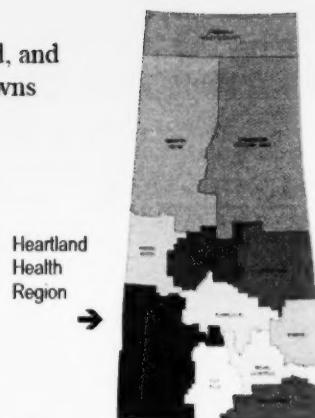
^a Temporary beds due to Outlook Project

(>) - LTC beds not filled, beginning May/June 2007 (converted semi-privates to privates); total of 9 LTC beds in region

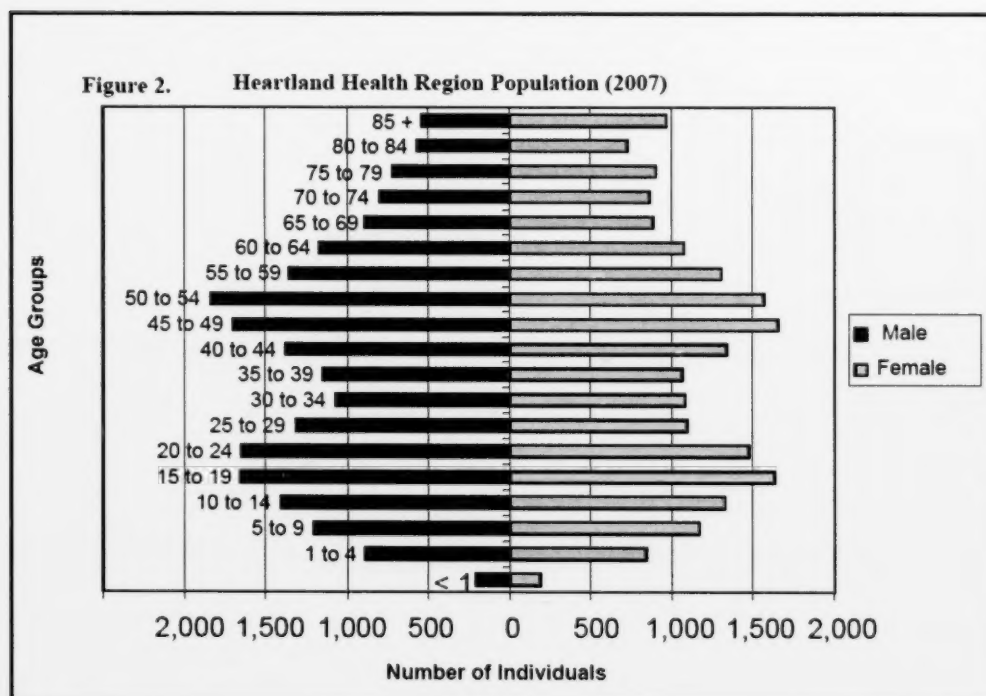
* - due to renovations

Our Region¹

The Heartland Health Region is located in west central Saskatchewan. It covers some 41,770 square kilometres of land, and has 42,657 residents (1). Within its boundaries, there are 65 towns and villages, 44 rural municipalities, and 19 Hutterite Colonies. Somewhat atypical for Saskatchewan health regions, Heartland has no First Nation communities within its borders. There is one Métis community in the region (Cando). A relatively low number of residents identify as Aboriginal (n ~650). The region's largest urban centre is Kindersley, with a population of 4,809. Other major centres include Rosetown (2,592); Unity (2,407); Biggar (2,388); and Outlook (2,338).



Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may affect the health of a portion of Heartland's population by contributing to social isolation and creating challenges regarding access to services.



Source: Ministry of Health. Covered Population, 2007

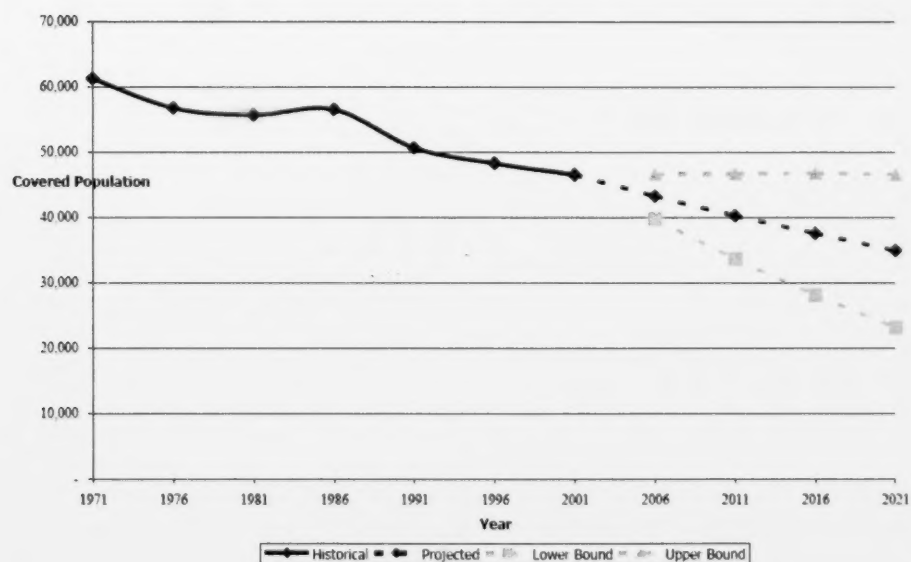
¹ Data in this section have been gathered from the most recent available reports from the Ministry of Health and Statistics Canada.

In 2007, Heartland's population was evenly divided between males and females. Some 18.4% of the region's population is 65 years of age or over, compared to 11.7% in the provincial as a whole. Figure 2 provides a further breakdown of Heartland's 2006 population by age and sex.

According to Statistics Canada data, Heartland's population declined approximately 8% (from 46,542 to 42,657 people) between 2001 and 2006. Population projections conducted in 2006 by Ministry of Health predict that this trend is expected to continue for Heartland, and indeed, for all of Saskatchewan's southern, rural health regions. If ministry projections are accurate, Heartland's population for 2011 could be in the range of 40,249 (with projections as low as 33,722) and 34,927 by 2021 (see Figure 3). Population growth rates are affected by a variety of factors, including migration and changing fertility rates (e.g., a trend toward smaller families, fewer women of child bearing years living in an area, etc).

However, in the last year, Saskatchewan experienced the fastest growth among all provinces, due both to international immigration and inflow from neighbouring provinces. Statistics Canada estimates indicate that the population of Saskatchewan in the last quarter of 2007 increased by 3,300 to 1,006,600 residents, an increase of 0.33%. Future data will inform whether this trend continues, and identify the areas of the province to which new residents are moving. This trend may significantly affect future service requirements in Heartland Health Region.

Figure 3. Historical and Projected Population for Heartland Health Region, 1971 to 2021.



Source: Ministry of Health. Population Projections 2006 to 2021.

The five-year average rate of fertility in Heartland (2001-2005) was 27.7 births per 1000 women, lower than the provincial average of 34 births per 1000 women, for the same time period.

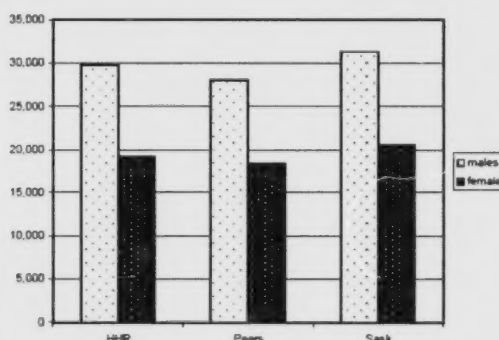
Biology and genetics are critical in determining health, as are health services (particularly those directed at preventing disease, and maintaining and promoting health), but other factors also contribute. Non-medical factors like income, education, employment, gender and culture play a large role in determining overall health. Heartland's profile for some of these factors is listed below. Much of the region's information about these non-medical determinants of health comes from the Canadian Census, for which most of the 2006 results have not yet been released. Therefore, the data below is somewhat outdated (Census 2001), but still provide a general picture of Heartland Health Region.

Socioeconomic Status

The following information is based on 2001 Census data

- The average annual earnings for working residents in Heartland was \$22,300 (SK rate was \$25,691)
- The median (middle point) income for individual residents over the age of 15 was \$19,436
- The median income for coupled families in Heartland was \$52,600 (\$54,341 in SK)

Figure 4: Average Personal Income: Age 15 and over



Median Household Income, Heartland, 2000: (50th Percentile)

\$0.00 \$40,543 \$\$\$\$
<.....All Heartland Household Incomes.....>

Proportion of total Heartland income held by households whose incomes fall <u>below</u> the median (24.3%)	Proportion of total Heartland income held by households whose incomes fall <u>above</u> the median (75.7%)
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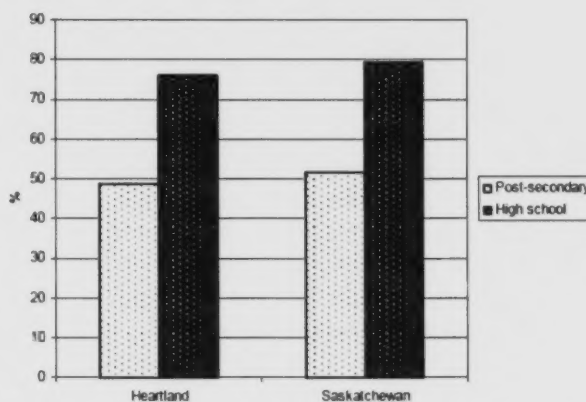
Nine percent of Heartland families (roughly 1 in 10) reported 2000 incomes below the low-income cut-off (SK rates 12%, Canadian rates 13%) and 26% of unattached people (approximately 1 in 4) reported incomes below the low-income cut-off (36% SK, 38% Canada). Incomes below the cut-offs result in people spending disproportionate amounts of money for food, shelter, and clothing.

The negative effect of poverty on health is often more prevalent in lone-parent families, especially those headed by women. Most lone-parented families in Saskatchewan are headed by women (~82%). In 2000, women in Heartland Health Region earned 35% less income than men. Heartland Health Region had the lowest proportion of lone-parent families (9.1%), compared to its Peer Regions (11.3%) and the province (15.7%) in 2001. The median income for lone-parent families in Heartland was \$28,894 (\$24,787 in SK).

Education & Literacy

According to the 2001 Census, 76.1% of Heartland residents aged 25-29 years had completed their high school education, or equivalent (Figure 5). The proportion provincially was 79.5%. The proportion of Heartland residents of the same age group who had completed post-secondary education was 48.6%, compared to 51.6% provincially.

Figure 5. Proportion of populations (age 25-29 years) who have completed high school or post-secondary education



Culture & Ethnicity

Heartland Health Region has a relatively low Aboriginal population (1.5%) compared to the province. Approximately 13.6% of people in Saskatchewan identified as Aboriginal in 2001.

Heartland also has a relatively low immigrant population (2.7%), compared to the Province (5.0%). Only the Northern Health Regions and Prairie North Health Region have the same or fewer numbers of immigrant residents.

Heartland's visible minority population is 0.8%. Visible minorities are persons (other than Aboriginal people) who are non-Caucasian in race or non-white in colour. Visible minorities make up 2.9% of Saskatchewan's population.

Approximately 9 in 10 of Heartland residents cited a religious affiliation in 2001 (SK rate was 8.4). Less than 1 in 10 (9.5%) spoke a language other than English or French in 2001. The percentage in Saskatchewan was 13%. 97% of Heartland residents were born in Canada (SK 95%).

Health Behaviours

The Canadian Community Health Survey is conducted across Canada every two years, and provides information regarding the health behaviours and other health factors of Canadians over the age of 12 years. The last report available was issued in 2005.

Immunization rates in Heartland are very good among the young, and average among the elderly. Coverage rates for children by their second birthday for all recommended antigens is relatively high (82% or above), compared to just below 70% province-wide. The percentage of adults over age 65 years immunized annually for influenza hovered at 67%, not significantly different than 68% in 2005-06 and 2004-05. The provincial percentage is 63%.

Inactivity (i.e., lack of physical activity) has been linked to increased risk of various chronic diseases of the heart and circulatory system, for example (Table 2). The self-reported rate of inactivity among Heartland residents aged 12 years and over has not significantly improved since it started being measured in 2000/2001.

Table 2. Percentage of population (age 12 years and over) who report being inactive

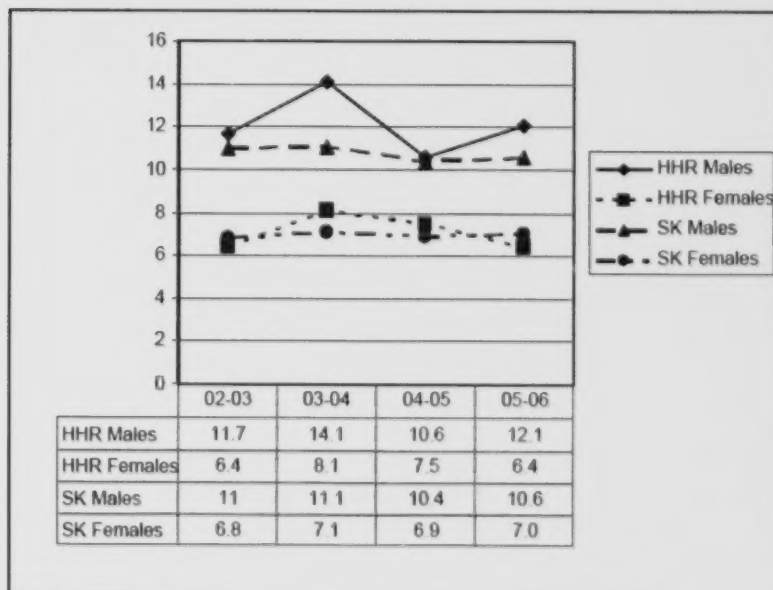
	2000-01	2003	2005
Heartland	53.4%	50.3%	51.33%
Saskatchewan	48.9%	47.8%	49.52%

Breastfeeding is increasingly encouraged by public health professionals as an optimal nutrition choice for newborns. The number of new mothers in Heartland reportedly breastfeeding exclusively for at least 6 months increased by approximately 200 between 2003 and 2005 (Table 2). The rate of breastfeeding in Heartland in 2005 exceeded that of all other regions in the province.

Table 3: Proportion (weighted sample) of at least 6 months exclusive breastfeeding

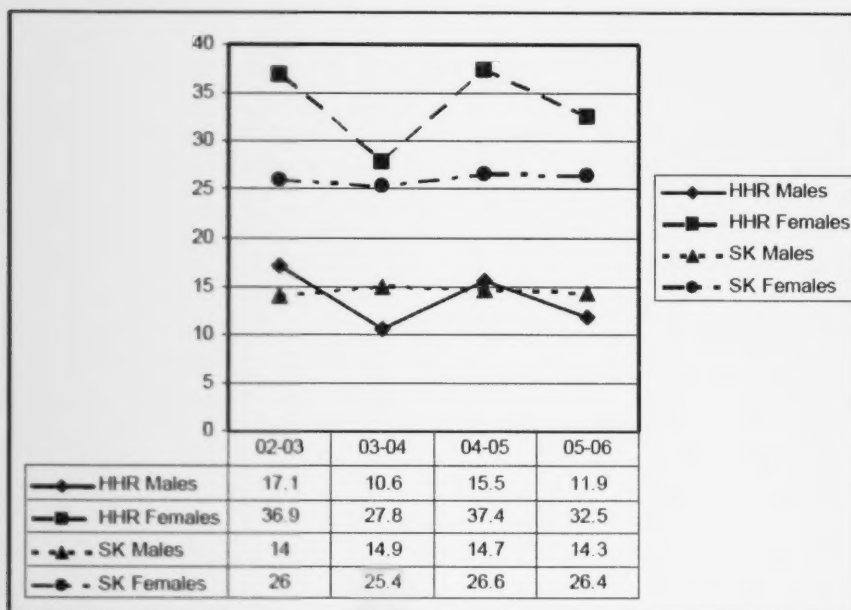
	2003	2005
Heartland	18.09%	40.11%
Saskatchewan	18.19%	21.28%

Figure 6. Injury Hospitalization rate per 1,000 population (age 0 to 19 years)



Rates of injury resulting in hospitalization among children and youth in Heartland have been at or above the provincial rate since 2002/2003 (Figure 6). These rates reflect hospitalizations due to injuries sustained outside of the hospital setting (e.g., fractures, abrasions, wounds). The rate of hospitalization due to falls among elderly women (age 65 years and over) is especially high in Heartland (Figure 7). One of the Heartland Health Region's Strategic Directions is to develop strategies to reduce injury among the entire population.

Figure 7. Hospitalization rate due to falls per 1,000 population (age 65 years and over)



Health Status

The source of data for some traditional health status indicators, like life expectancy and infant mortality, have not been updated since the last Annual Report (Table 4).

The proportion of residents in Heartland, as in Saskatchewan, who regard their own health to be very good or excellent has decreased slightly from previous years. The rate of diabetes in Heartland has increased since 2003/2004. The proportion of people in the Region who are overweight is 2% higher than in the province as a whole. The proportion of Heartland residents who are obese is approximately 1% lower than in the province as a whole.

Table 4. Health Status Indicators

Health Status Indicator		Heartland Health Region	Saskatchewan
Life expectancy at birth (2001) [2]	Males	75.6	76.2
	Females	81.9	81.8
Life expectancy at age 65 (2001) [2]	Males	16.3	16.9
	Females	20.0	20.9
Infant Mortality rate per 1,000 live births (2002-2004) [3]		5.5	5.9
65Self-rated health status: Percentage population = very good or excellent (age 12 and over) [5]	2001	57%	57%
	2003	63%	60%
	2005	55%	52%
Age-Adjusted diabetes prevalence rate per 1,000 population [7]	2003/2004	46.1	n/a
	2004/2005	48.0	n/a
	2005/2006	51.0	n/a
		Overweight	Obese
Percent of population (age 18 to 64 years) who are overweight or obese [5]	2001	34%	20%
	2003	37%	24%
	2005	35%	19%

Results at a Glance: Major Initiatives and Accomplishments

This section briefly highlights the significant events and accomplishments that the RHA has achieved throughout the fiscal year, including performance, operational, and financial achievements that pertain to regional and departmental goals, as well as a financial summary.

Goal 1 – Improved access to quality health services

- Implementation of four Primary Health Care Service Areas (Unity, Kindersley, Rosetown and Outlook) to facilitate team approaches to delivering integrated, client-centred health care.
- Expansion of endoscopy services to 2 sites: Rosetown Health Centre as well as Kindersley Health Centre.
- Ultrasound services were contracted from Prairie North Health Region and provided to Unity, Biggar and Kindersley, in addition to existing weekly services provided in Rosetown.
- Expanded provision of the Communications Companion Program developed by the Speech Language Pathologist to all seniors with communications difficulties (i.e. stroke, Parkinson's, Alzheimer's and other neurological diseases).
- First Responder training resulted in 6 regional trainers and 20 trained volunteers in 2 communities.
- GPS units purchased for ambulance units.

Goal 2 – Effective health promotion and disease prevention

- Hired a temporary 'Safety Champion' to advance the region toward the goal of 'Building a Safety Culture' in Heartland worksites and communities.
- Physicians involved in the Health Quality Council Chronic Disease Management Collaborative achieved results that were higher than provincial averages, and in one case, led the province.
- Regional Intersectoral Committees, the West Central Municipal Government Committee, REAP and SchoolsPLUS were utilized as networks to share public and population health information.
- Provided influenza vaccinations to 68% of the population older than 65 years.
- Achieved influenza vaccination level of 69.7% of employees, a 16% increase over the previous year.
- Engaged in educational sessions about developing a complete Business Continuity Plan; appointed representative on the newly created Health Emergency Management Provincial Committee; and completed the majority of regional EPPs.
- Increased inspection rates of public water supplies (potable water) from 18% in 2006-07 to 48% in 2007-08.
- Completed audit of sterilization procedures, developed and implemented disinfection and sterilization policies for the region.

Goal 3 – Retain, recruit and train health providers

- Completed untwining of Care Team Managers (Kerrobot/Macklin).
- Continued to experience among the lowest number of Lost-time Workers' Compensation days among all health regions, based on the number of employees again in 2007-08.

- Partnered with the Nursing Education Program of Saskatchewan, the Town of Eston and the Full Gospel Bible College to provide Clinical Community Nursing class for third-year nursing students.
- Hosted 3 first-year medical students to complete clinical observerships through the Community Experience Program.
- Provided Aboriginal Awareness Training to 973 (56%) Heartland employees.
- Adjusted bed numbers in three LTC facilities to improve staff-client ratios and work conditions.
- Received almost \$750,000 from the Ministry of Health to fund the purchase of safety and surgical equipment.
- Implementation of entry and exit surveys of all nursing staff to help the region assess factors that contribute both recruitment and retention.
- Partnered with Rural Women's Issues Committee of Saskatchewan to host 25 women who attended a "Dr. Mom" workshop in Eatonia
- Implemented the Canadian Triage and Acuity Scale (CTAS), a nationally approved set of guidelines used to assess and categorize the urgency of care required by patients arriving at emergency departments.

Goal 4 – A sustainable, efficient, accountable and quality health system

- Successfully completed Canadian Council on Health Services Accreditation self-survey and received Accreditation with Reports.
- Implemented 'It's Safe to Ask' campaign to improve patient/client participation in health care team.
- Developed and implemented a Regional Formulary and accompanying policies and procedures.
- 300% increase in the use of Telehealth services in the region.
- Continued to implement the Pharmaceutical Information Program (PiP) in all Acute Health Centres (Kerrobert, Rosetown, Biggar, Unity, Outlook, Davidson).

Financial Summary

- Achieved an operating surplus of \$25,824, with total expenditures of \$ 76,839,353 and revenues of \$76,865,177.
- Maintained a working capital ratio greater than 1, indicating that Heartland was able to meet current financial obligations.
- Expenses were up 6.9% over 2006-07 because the year included an extra Statutory Holiday and 2 Easters.
- EMS revenues rose, up 253 trips from 2006-07.

2007- 08 Performance Results

This section of the RHA's Annual Report to the Minister of Health contains a discussion of Program-Specific and Organizational Effectiveness Indicators. The RHA uses this information and its 2007-2010 Strategic Plan, as well as input from the ministry, community stakeholders, employees and physicians to guide priority-setting and decision-making in advancing the goals established by the ministry and the region. All data provided was supplied by Ministry of Health, unless otherwise noted.

Goal 1: Improved access to quality health services

Recruitment and retention strategies introduced by the ministry have contributed to the hiring of qualified health professionals. Community Services was fully staffed during 2007-08. Recruitment of nursing staff was less an issue this year than last, but retention continues to be challenge, especially in small centres. A single retirement or illness leave can threaten a facility's ability to provide 24 hour care in the emergency room.

As in past years, the RHA contracted itinerant specialist services, including general surgery, cardiology, urology, orthopaedics, obstetrics and psychiatry from neighbouring regions. As well, regional people had access to both the Acute Care and Critical Care Access Lines. In this way, Heartland physicians were able to access specialist care in Saskatoon or Regina that could not be provided within the region, and organize the timely transfer of patients to the appropriate care setting.

Wait Times

Heartland residents experienced minimal delays in accessing surgery that is performed in the region. Data from the Saskatchewan Surgical Care Network (SSCN) were suppressed, indicating that fewer than 5 individuals were waiting for surgery at the fiscal year-end. None had been on the wait list for more than 12 months. Ninety-five percent of Priority Level I, 90% of Priority Level III and 90% of Priority Level IV surgeries were completed with target time frames. Heartland conducted 225 surgeries that were eligible for reporting to the SSCN during 2007-08, down from 271 in the previous year.

Table 5: Summary of Surgeries performed in Heartland Health Region

	2006-07			2007-08		
	Inpatient	Day Surgeries	Total	Inpatient	Day Surgeries	Total
Kindersley	59	476	535	62	478	540
Rosetown	64	113	177	76	286	362
Total	123	589	712	138	764	902

The region's utilization data (Table 5) indicate that there were a total of 902 surgeries performed in the region, including those reported to the SSCN. The discrepancy between the two sources of information is due to the fact that not all surgical procedures are required to be registered with the SSCN; endoscopic procedures for example, are not reported. Of all surgeries reported in the region, 764 were Day Surgeries and 138 were Inpatient (IP)

Surgeries. There were 540 surgeries in Kindersley (62 IP surgeries & 478 Day Surgeries) and 362 in Rosetown (76 IP surgeries & 286 Day Surgeries). The increase in Day Surgeries performed in Rosetown was due to endoscopic capacity added by the purchasing of new endoscopy equipment and the provision of an additional day of service by visiting surgeons.

Wait times to access ultrasound services in Heartland Health Region were increased as a result of a partnership with Prairie North Health Region. In addition to weekly services provided in Rosetown, bi-weekly ultrasound services have been contracted on an interim in Biggar, Unity and Kindersley until the region can recruit an experienced full-time sonographer to be located in Kindersley. An anonymous donor has agreed to purchase a stationary ultrasound unit to be located in the Kindersley Health Centre when the region has recruited the sonographer.

Primary Health Care (PHC)

Heartland Health Region continued to explore innovative approaches to increase the delivery of services focused on the development of patient-centred health care teams. This year, to enhance its ability to advance the delivery of services within the Primary Health Care model, Heartland implemented a change in reporting structures. The development of four Primary Health Service Areas (PHSAs) will strengthen the team approach to providing integrated, patient-centred care services.

Changes in staffing have helped to align services provided within each PHSA and enhance the Primary Health Care concept of providing similar core services in each PHSA. The resulting decrease in travel time has had positive effects. Occupational Therapy staff, for example, report positive feedback about increased frequency and more timely provision of service, as well as savings in the areas of human resources and travel costs. Services to long term care facilities were improved. A new Physiotherapist hired for the Outlook PHSA will be serving Davidson and eventually Dinsmore and Lucky Lake once orientation is complete.

Binders containing print materials developed during an information campaign delivered in 2006-07 were placed in all public waiting areas in Heartland facilities and offices. The 10-week campaign increased understanding of and appetite for PHC among physicians, employees and the public. Campaign materials were shared with other health regions. The region continues to maintain the PHC campaign materials on its corporate website.

In Rosetown, Community Services personnel were moved into a renovated wing of the Health Centre that had been used for storage for more than 20 years. The move consolidated access to health services into one physical location, thus strengthening the team approach to delivering health care services.

Heartland therapy, safety and population health staff initiated planning to implement a region-wide Falls Prevention Strategy. This strategy will bring the region in line with the provincial Fall Prevention Strategy. Falls are a leading cause of immobilization, and eventually death in the elderly, and are higher than the provincial average in Heartland.

Usage of the Saskatchewan HealthLine by Heartland residents increased, from 2,502 calls in 2006-07 to 2684 calls in 2007-08. The region continued to promote the service by including the HealthLine telephone contact information in all correspondence, in the region's *Health Matters* weekly print column and on our website.

Community Development Programs

The **West Central Regional Intersectoral Committee (RIC)** of which Heartland Health Region is a member established the following key goals in its strategic planning for 2007/08:

- Strengthen community support for families
- Continue to Implement the Family & Schools Together (F&ST) Program throughout the region
- Begin implementation of Family Centres across the region
- Implement Safe Community strategies across the region

Heartland continued to deliver the **F&ST (Family and Schools Together) Program** in Kindersley, with 18 families in two schools participating. F&ST is a program in which all members of the family work together with community professionals to strengthen the family unit and develop a network of informal and formal social supports to help parents and their children. The families graduated to the F&ST Works Program, a networking group for continuation of the F&ST program. As well, the F&ST program expanded to include Biggar this year. Seven families, as well as parent partners were trained, with the first cycle of the Biggar F&ST program beginning in February 2008.

The **Unity Interagency Committee** received a \$25,000 Community Initiatives Grant to start a Community Resource Centre. The group which includes representatives from Heartland Community Services staff has been offered the use of a building centrally located in the downtown area. The building is expected to house a Food Bank, Clothing Exchange, Career Resource Centre and office space for a number of professionals who will have office hours in the Centre (e.g. the Parent Mentor Program, and MH & A counsellors). The Centre will provide services for families, seniors and other members of the community, and for the I-STEP program. Similar centres are being planned for Kindersley and Rosetown.

Literacy programs, like **Children's Book Bins**, have been implemented in rural communities like Brock, Glidden, Marengo Smiley and Flaxcombe. A partnership with the Wheatland Library and Sun West School Division has developed a **Books for Babies** Early Literacy Initiative.

The **Successful Mothers Program** started in Biggar as a program funded by Saskatchewan Health to provide support to families at moderate risk, but changed focus to parent mentoring. Through the program, participants can access not only mentoring services, but also a community kitchen, clothes exchange, Kids in the Kitchen and other programs targeted for families with children 5 years and younger. The program coordinator encourages child safety during home visits (e.g. dangers to crawling babies; safe preparation of formula). A second Parent Mentor Program began in 2007-08 in Unity with 12 self-referred clients. One mentor has been trained and others are to be added. Group sessions have begun and are held

semi-monthly. Resources recommended and accessed by the moms include dietitians, lactation consultants and public health pre-natal information.

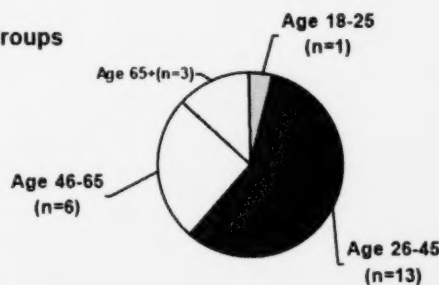
The **Cando Wellness Coordinator** and the Community Developer for the Kids First program have been working on a template for a resource book for their programs. Information will be targeted to parents of children aged 0-6 years. The Cando resource book will be the first of its kind in the region, and will be adapted to meet needs in other targeted communities.

Dr. Mom Workshop

Twenty-five women (Figure 8) from the community of Eatonville participated in a "Dr. Mom" workshop provided by Heartland Health Region in partnership with the Rural Women's Issues Committee of Saskatchewan. The evening focused on the challenges of being "Dr. Mom", a role often filled by rural women – expected to be everything to everyone (i.e., their children, parents, spouses, neighbours and community). The women shared a meal and participated in a facilitated dialogue about potential solutions to the challenges described by the group. Evaluations were very positive, and there is interest in holding similar sessions throughout the region.

Figure 8: Number and ages of participants in Dr. Mom workshop

Participant Age Groups



Mental Health and Addictions Services

Finding new and interesting ways to engage youth and divert them from participating in substance use and abuse has been an ongoing challenge. In addition to existing initiatives, the Addictions Counsellor in Kindersley started a car and truck modeling club. Area businesses have donated money and supplies to get the project going. The very successful program was first targeted to elementary schools, but now includes the Kindersley Composite School. There is interest in Eaton to get a similar club underway.

Integration of Community Health staff into facility-based teams has resulted in clear benefits for staff and clients. For example, the Addictions Counsellor headquartered at the Unity Health Centre did a presentation to staff members about "What Everyone Should Know about Alcohol and Drugs". In the same community, the Psychiatric Nurse made a presentation at the Women's Wellness Conference in the community.

Data about completion rates of alcohol and drug inpatient treatment rates per 100 admissions did not meet the minimum criteria of 'more than 5' and therefore were suppressed to protect privacy.

Community consultations were held in eight communities throughout Heartland to animate communities in developing a regional drug and alcohol strategy. At each consultation, community members discussed what they saw as drug and alcohol related issues within their communities; what each community perceives as its strengths; and initiatives already underway in the grassroots level.

The consultations indicated a number of commonalities among communities: a greater need for education; problems related to the desensitization/normalization of alcohol use; usage linked to boredom and a lack of affordable activities; enforcement issues (both by the justice system and parents); increased impaired driving (driving while drinking or drugging); greater accessibility of drugs/alcohol; community denial; and the need to forge relationships.

As a result of the consultations, twenty-seven partners agreed to work on the regional strategy, representing health, justice, ministerial, education, sports and recreation, and concerned citizens and youth from seven separate communities.

Other initiatives included:

- A support group for people living with bi-polar disorder has been established in Rosetown. The Clinical Supervisor for the Rehab Nursing program has been instrumental in organizing the support group.
- The Heartland Health Region obtained the services of Dr. Alana Holt, who will provide psychiatric clinics monthly in Biggar and bi-monthly in Outlook. Physicians in Biggar and Outlook met with Dr. Holt to establish referral protocols.
- The Communication Companion Program developed by the Speech-Language Pathologist has been revised from a support program for stroke patients to an integrated program that focuses on enhancing the quality of life for seniors with Parkinson's, Alzheimer's Disease, and other neurological disabilities.

Long Term Care

Demand for long term care beds in Heartland continued to decline, from 176 placement requests in 2006-07 to 158 in 2007-08. During the past twelve months, the number of vacant Long Term Care beds in the region after all requests for placement were met ranged from 6 to 22, averaging 16 beds per month. This shows a continuing reduction in demand for LTC beds in the region. (Table 6)

On average, individuals waited 6 days between placement request and assessment, down from 8.2 days in 2006-07, and 7.2 days in 2005-06. The time between placement approval and admission was 6 days, down from 9.7

Table 6. Heartland Health Region Long Term Care: Key Statistics (2007-08)

No. of Placement Requests	158
No. of Individuals Placed	158
Average Days on Transfer List	63.4
Average Length of Stay (days)	70.9
Average Days from Placement Request to Assessment	6.0
Average Days from Placement Approval to Admission	5.0
Average Placement Age > 65	87
# Placed in Facility OF CHOICE	109
# Placed in Facility NOT OF CHOICE	49
# Placed on Transfer List (Desired Facility)	49
# Transferred (Transferred To)	26
# Declined Transfer	8
# Discharged	3

days in 2006-07 and up from 4.8 in 2005-06. Individuals who were not immediately placed in their home communities were placed on a transfer list to return as beds became available. Of the 50 people who were placed on the transfer list, 20 were transferred to the facility of their choice, and 8 declined the transfer offered.

The Outlook and District Health Centre Building Project affected availability of long term care beds in Heartland during the last fiscal year. One wing was demolished and rebuilt, and renovations begun on the remaining 2 wings. Heartland made the decision not to admit to the Outlook facility during renovations because ongoing construction would negatively affect the quality of life of residents. This decision reduced the region's LTC bed count by 6 beds (July 07 – Jan 08) and 13 beds for February and March 08.

Heartland Health Region continues to experience tension between long term care demand in the region and pressure to maintain current infrastructure. With many small facilities dispersed throughout the region, costs per bed are significantly higher than would be the case in larger facilities. Supporting these ongoing costs remained a continuing fiscal pressure for Heartland.

Emergency Services and Emergency Preparedness

The region has been engaging in educational sessions in its communities regarding the development of a complete Business Continuity Plan, and also has a representative on the newly created Health Emergency Management Provincial Committee. Work on the Emergency Preparedness Plans for the region continued, with the majority of regional plans completed. The components of a Business Continuity Plan to continue the region's business of providing patient/resident/client care in the event of an emergency (e.g.: tornado, flood, evacuation, mass disaster influx, etc.) have been addressed in the EPPs.

Other highlights in EMS during 2007-08:

- The region trained 6 First Responder Instructors, and held two First Responders training courses (Lucky Lake, Biggar), resulting in 20 volunteers being trained. This First Responder training marks the first undertaken in the region since 2001.
- Regional EMS Education Days were held in February, with approximately 60 EMS staff and/or First Responders attending
- All EMS staff in the region were recertified in CPR
- Two new ambulances were added to the fleet, and existing vehicles rotated as per the ambulance replacement plan
- Heartland EMS engaged in partnerships with the Town of Macklin to hire a Police Secretary/EMT blend position, and with our affiliate, St. Joseph's Health Centre, to introduce to blended EMS/SCA/ESW positions.
- GPS units and software were purchased for ambulance units.
- Cardiac monitors were replaced, and 12-lead ECG modules purchased for Kindersley and Eatonville EMS.

The Regional Pandemic Influenza Preparedness Committee completed a workplan that resulted in a draft Pandemic Plan. Committee members identified the necessity to test for gaps and needs in the plan by conducting a table-top simulation in 2008-09.

Regions that interact with Saskatoon Health Region in regard to Pandemic Planning met to develop a quality, consistent approach to Pandemic Planning. It is hoped that the Northern Pandemic Planning Committee will be a valuable resource for the Pandemic Planning process that the region is currently engaged in. Experts will be available to provide guidance to Heartland in the area of stockpiling supplies, immunization, use of anti-virals, etc.

The region developed and implemented an outbreak communications protocol to ensure common processes and messaging for outbreaks of communicable disease in regional facilities. The strategy is a small-scale mirror of processes and messaging that will be used with employees and the public in the event of a pandemic. The region continued to provide in-service training on sanitation and food handling to employees in all facilities as needed.

Implementation of CTAS

On January 1 2008, Heartland Health Region implemented the Canadian Triage and Acuity Scale (CTAS), a nationally-approved set of guidelines used to assess and categorize the urgency of care required by patients arriving at emergency departments. Everyone who goes to an emergency department in the Heartland Health Region will receive a standardized, skilled assessment from a Registered Nurse who has been specially trained to use CTAS. The RN will then determine whether individuals need to be seen immediately by a doctor, or whether their condition is less urgent.

Goal 2: Effective health promotion and disease prevention

A key element of primary health care is the team approach to delivering client-centred health care. Individuals, organizations and communities are seen as important members of those teams. Their participation enhances the interest in and capacity for taking greater community and personal responsibility for health.

Heartland worked collaboratively with intersectoral partners to identify and develop strategies to address health promotion and disease prevention issues. An example is the Risk Education and Assessment Program (REAP), through which the region provided assessment and public education around the management of chronic diseases like diabetes. Another is the Regional Intersectoral Committee (RIC), which includes representation from the R.C.M.P., Sun West School Division, the Wild Goose Recreation Association, Prairie West Regional College, Department of Community Resources, Corrections & Public Safety, and Saskatchewan Crime Stoppers.

Immunization

Immunization rates are one of a number of indicators that provide information on how successfully the region is promoting healthy choices and meeting the health needs of its residents. In 2006-007, Heartland once again exceeded the provincial average in providing immunization to children by their second birthday. Of the 430 children registered in the Saskatchewan Immunization Management System who were eligible to receive

recommended immunizations, 82% to 95% were vaccinated, a rate which is 10 - 13% higher than the provincial average, depending on the specific vaccine.

Heartland implemented Point of Service Immunization data entry at the time of

immunization beginning in May of 2007. International travel data have been entered into SIMS for the past 3 years, and immunization provided to Heartland employees entered began in this fiscal year. This is a 'Best Practice' that will increase client safety during immunization.

Table 7. Influenza immunization rates among residents age 65 years and over.

	2003-04	2004-05	2005-06	2006-07
Population (Adults 65+)	8,292	8170	8067	7,861
# Adults 65+ immunized	5224	5556	5449	5,246
% of eligible population immunized	63%	68%	68%	67%

As indicated in Table 7, influenza immunization rates for Heartland residents 65 years and older remained relatively constant at 67%. LTC facilities provided 427 doses of vaccine to 489 possible residents of LTC facilities (87.3% of LTC residents). The influenza immunization rate among Heartland employees was 69.7%, a distinct improvement from the 53.3% of employees immunized last year.

International Travel Clinics continues to experience very high demand. Heartland has supported the program by approving a 0.5 FTE position to the initiative.

Health Promotion

The region submitted its Population Health Promotion Strategy for 2007/08 based on the 4 pillars of health promotion. The Plan was a collaborative effort with the Mental Health and Addictions staff, the Public Health Nutritionist, and Staff Development Coordinators. This was the first plan accepted by the Ministry of Health for this program.

The region continued to use the media as an effective channel in promoting health and preventing disease. For example:

- Heartland produced several media releases dealing with West Nile Virus that were picked up by print and radio media throughout the region.
- Provincially-written nutrition columns were distributed to the media by the region's public health nutritionist.
- The region provided a daily one minute "Good Health" radio program containing information about a topical issue each week, followed by a 'made-in-Heartland' 30-second radio spot.
- Heartland produced a weekly "Health Matters" column in a newspaper widely circulated throughout the region. The column featured available health services, as well as information about events, workshops and seasonal health tips.

Chronic Disease Management

Heartland continued to maintain a linkage with Saskatchewan's Health Quality Council through participation in the Chronic Disease Management (CDM) Collaborative. The

collaborative focused on improving the care and health of people living with coronary artery disease (CAD) and diabetes in Saskatchewan, and improving access to physician practices. In the first wave results, Heartland's Regional Improvement Team (RIT) did very well, achieving leading results in several areas.

Three Heartland Physicians were involved in the collaborative. These physicians achieved results which were higher than the provincial average, one physician led the province in many categories of care, like lowering blood pressures, cholesterol and blood glucose. These results were achieved with the help of other regional professionals like the Dietitian and Diabetes Nurse Educator.

Good management of chronic conditions like diabetes and heart disease helps to reduce hospital admissions, ultimately reducing the overall cost of care for people with chronic conditions. The Health Quality Council plans to have another collaborative beginning in 2009, this time focusing on depression, access and COPD.

The region implemented a 'Sharps Disposal' pilot project in Rosetown in partnership with 3 local pharmacies. The region purchased sharps disposal biohazard containers, which were distributed by the pharmacies. Users returned filled containers to the pharmacies who then ensured their proper disposal.

Public Health Inspection and Outbreak Management

Compliance with the Tobacco Control Act among inspected public facilities in Heartland is 99%, better than the 90% target established by the ministry. There were few instances of complaints.

Table 8. Summary of Public Inspection Levels

	2005-06		2006-07		2007-08	
	# of Facilities	Inspection Rate (%)	# of Facilities	Inspection Rate (%)	# of Facilities	Inspection Rate (%)
FEE – Food Eating Establishment	374	68	379	74	375	70
FPL – Food Processing (Licensed)	38	79	37	70	34	61
LA – Licensed Accommodations	137	69	138	72	134	75
SP – Swimming Pools (Licensed)	32	84	32	81	28	82
Public Water Supplies	140	31	141	18	80	48

RHA Public Health Inspectors Inspection levels in Food Eating Establishments hovered between 68% and 74% between 2005-06 and 2007-08 (Table 8). The slight decrease in inspection rates for Food Processing (Licensed) facilities, suspected to be due to inaccurate facility listings, is being monitored. Inspection of public water supplies almost doubled over 2006-07. Public water supplies listed in 2005-06 and 2006-07 included both potable and non-potable sources. All non-potable supplies are posted as such and therefore are not inspected.

In 2007-08, non-potable water supplies were reclassified and not included in the facilities inspected.

Heartland experienced 5 outbreaks of gastrointestinal (1 confirmed Norovirus) and respiratory illness (4 confirmed Influenza) in 2007-08, requiring extra inspections, education on sanitation and disinfection techniques, and provision of in-services to housekeeping and food handlers by Public Health Inspectors.

Sterilization Audit

Heartland completed an audit of all autoclaves in use in the region. A working group completed the following tasks:

- Assessed current sterilization practices
- Ensured implementation of audit results
- Prepared a Business Case for future sterilization practice
- Established education programs
- Developed disinfection and sterilization policies for the region

Goal 3: Retain, recruit and train health providers

The Heartland RHA and its affiliate, St. Joseph's Health Centre, employed 1730 people in 1041.09 Full-Time Equivalents (FTEs) in 2007-08 (Figure 9). The majority of employees (732.32 FTEs) belonged to the Service Employees International Union (SEIU), while 170.24 FTEs fell under the Saskatchewan Union of Nurses (SUN). Health Sciences Association of Saskatchewan (HSAS) and out of scope positions accounted for 71.12 FTEs and 67.4 FTEs, respectively. The proportion of Heartland FTEs that fell into each of the above groups/union were as follows:

- Out of scope: 6.5%
- SEIU: 70.3%
- SUN: 16.4%
- HSAS: 6.8%

The region was home to 30 physicians on March 31, 2008.

Sick Leave, Overtime and WCB Claims

In all union affiliations, Heartland employees experienced about the same number of sick leave hours per FTE

Figure 9. Distribution Full Time Equivalents by Affiliation

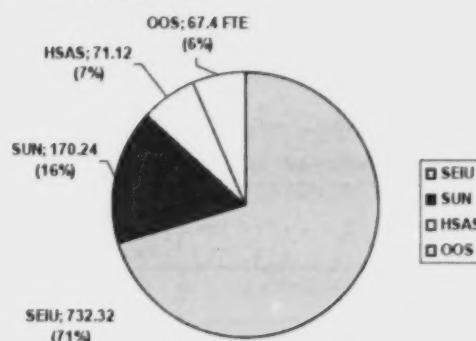
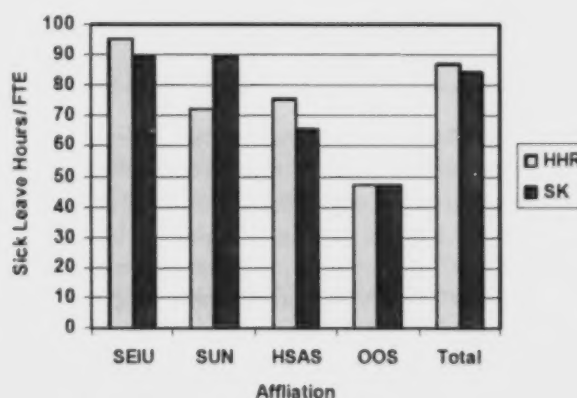


Figure 10. Sick Leave Hours per FTE



(Figure 10) as was the Saskatchewan average (in brackets):

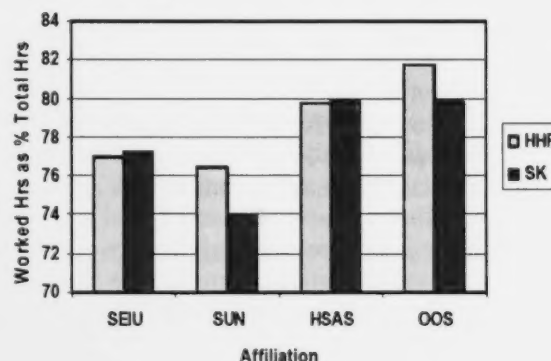
- SEIU: 95.23 hrs (89.78 hrs),
- SUN: 72.42 hrs (89.34 hrs)
- HSAS: 75.32 hrs (65.62 hrs)
- OOS: 47.09 hrs (47.34 hrs)
- Total (All affiliations): 87 (84.12 hrs)

The region continued to offer out of scope employees the alternative work arrangements of a compressed work week and flexible work hours to enhance job satisfaction.

As has been the case in previous reporting periods, Heartland worked hours as a percentage of total hours (Figure 11) aligned with provincial averages (in brackets):

- SEIU: 77% (77.3%)
- SUN: 76.5% (74%)
- HSAS: 79.8% (79.9%)
- OOS: 81.8% (79.9%)

Figure 11. Worked hours as a percentage of total hours



As well, Heartland's wage-driven premium hours (33.66 hours per FTE) remained, on average, below the provincial average again this year (48.46 hours per FTE). The exception was in HSAS, where wage-driven premium hours (45.45) were twice the provincial average (23.72). Heartland EMS wage-driven premium hours continue to decline slowly as the region enhances EMS staff in several locations throughout the region. Clearly, however, the shortage of EMS personnel in the region continues to stress budgets.

The number of lost time WCB claims per 100 FTEs in Heartland declined to 6.34 in 2007-08 from 10.00 in 2006-07. This reflects the trend established in 2004/05 (6.47) and 2005-06 (6.75). Heartland's lost time claims were lower than the provincial average of 7.12 per 100 FTEs. The number of lost-time WCB days per 100 FTEs (225.92 days) was less than half the number of days lost at the provincial level (451.26 days). Heartland's commitment to safe workplaces is clearly paying off, as employees experience fewer, less severe injuries; fewer lost days; and faster return to work.

Retention and Recruitment

Provincial recruitment grants contributed to a dozen new hires in Rosetown, Kindersley, Unity, Biggar and Macklin. During the 2007-08 fiscal year, 12 employees (Nurses - RN, RPN, LPN; Social Worker; Addictions Counsellor; Public Health Inspection, Physical Therapists, etc.) received \$160,000 through the Relocation and Hard to Recruit Programs offered by the Ministry of Health. Nevertheless, the threat of a single retirement or resignation in one of the region's smaller facilities, or a hard-to-recruit professional's vacation, injury or illness can precipitate a temporary service disruption. Frequently, it is the commitment of an employee choosing to delay retirement or work extra shifts that reduces

the number of service disruptions that the region might otherwise have experienced this fiscal year.

Based on the positive reception of a pilot project conducted in Kindersley during the summer of 2006, Heartland expanded the provision of a relief RN position to other communities in the region. Permanent part-time RN relief positions have been created in Rosetown, Biggar, Outlook, Unity and Kerrobert. To date, only the Unity position has not been filled.

A number of other initiatives have been undertaken to enhance recruitment and retention:

- The region's Recruitment and Retention Coordinator attended or provided materials to a number of career fairs in Saskatchewan and Alberta, as well as to international recruitment trips to the United Kingdom and the Philippines.
- As part of its ongoing commitment to work with employees in the pursuit of quality workplaces, exit and entry surveys have been distributed to RNs, RPNs and LPNs. The information collected will help the region assess factors that attract health care professionals, and to identify opportunities to make changes that will enhance both recruitment and retention.
- Clinical Placements and Senior Assistant positions enable the region to highlight the positive aspects of living and working in Heartland.
- Implementation of a multi-site RN relief position created a meaningful block of work, addressed nursing shortages in Home Care and the local facility, and enhanced access to vacation time.
- Introduction of LPNs on weekends at one facility to provide enhanced professional staffing to assist with administering medication.
- Access to Telehealth and Telemedicine suites enhanced educational opportunities and professional support
- Staffing enhancements that made for the 'best use' of EMS clinical skills have enhanced the integrated health care team, supporting care staff in managing workloads.
- Implementation of a monthly regional Orientation program provided to all new hires (includes TLR™, PART, WHMIS and other safety-related programs).
- Preceptor training opportunities.

The RHA continued to contract the services of a Medical Health Officer (MHO) from the Saskatoon Health Region.

Improved safety and surgical equipment

Heartland Health Region received more than \$750,000 in late-year funding from the provincial government for safety equipment and training and improvements to hospital surgical equipment. The health region received nearly \$700,000 to purchase safety equipment and train staff in its use, including a stand alone lift; regular and bariatric electric beds; bariatric furnishings; ceiling lift tracks; power lift stretchers; and patient lifting sheets. The remaining funds will be used to upgrade surgical equipment in hospital operating rooms and recovery rooms.

Education and Training

Heartland continued to provide support for, and opportunities to, staff for knowledge and skill development or enhancement. Staff are supported to attend required courses that are needed to maintain enhance clinical knowledge and a safe work environment, as well as those opportunities for education & training in areas of strategic development. Annual education plans identify priority areas of education and the focus for funding. Bursary opportunities for staff to attend professional development and workshops have been expanded, and access by staff is increasing.

Since October 2007, the region has provided a regional orientation to new hires each month. This provides new staff with general information about the region and the services within the region; knowledge about guidelines and staff support services; and delivers required training components that assist staff in working safely.

Heartland continued toward its goal of providing every employee with Aboriginal Awareness Training. To date, the region has provided Awareness training to 973 of 1730 employees (56%) in the 16 communities in which Heartland has facilities, services or offices.

Informational presentations about HIPA and privacy and confidentiality were provided on 26 occasions to various committees and staff at their facilities. A HIPA/privacy and confidentiality module was developed for inclusion in the regional orientation process.

Heartland provided specialized training to RNs about Canadian Triage and Acuity Scale (CTAS) prior to implementation of the assessment guidelines on January 1 2008. The guidelines are used to assess and categorize the urgency of care required by patients arriving at emergency departments.

The Acute Care Working Group initiated the "Heartland Health Region Professional Competency and Continuing Education: RN, RPN, RN(NP)" program. Each nursing professional in the region was provided with a binder to enable the employee to identify and store personal Competency documentation, Professional Items and Heartland Health Region specific educational packages. In 2007-08, three training packages were provided: Peripheral IV study Guide; IV Push Medications; and Cardiac Monitoring Learning Package. Completion of the learning packages is also centrally tracked by the region.

Creating healthier, more effective workplaces

Heartland Health Region once again offered grants of up to \$300 to workplace wellness initiatives. Sixteen sites took advantage of the funding, with a variety of proposals: 'Stairway to Health' programs (choosing to use the stairs instead of the elevator); staff Wellness Days; nutritious food breaks; community-based "Amazing Race with prizes;" air cleaners; pedometer challenges; staff gym; summer slowpitch and barbeques; development of a 'lay down; rest your eyes' room.

Goal 4: A sustainable, efficient, accountable, quality health system.

The RHA continued to fulfill reporting requirements outlined by the Ministry of Health. The region submitted a Regional Operational / Budget Plan that outlined potential financial requirements; updates of the Diabetes Plan, the Primary Health Care Plan and the Population Health Plan; and the Annual Report for 2006-07. The region also undertook communications activities in all quarters to increase public confidence throughout the year.

Continuous Quality Improvement

The region completed the Canadian Council on Health Services Accreditation (CCHSA) survey in June 2007, and received accreditation with 2 reports. The first of those reports, addressing 17 recommendations was submitted in February 2007.

Heartland Health Region continues to refine its continuous quality improvement process, with the addition of Risk Management and Safety to the mandate of eight Committees representing care, service or organizational areas. The Quality, Risk and Safety (QRS) Committees continued to meet regularly to advance Heartland's continuous quality improvement agenda and ensure progress on CCHSA standards and Required Organizational Practices. To coordinate Heartland's improvement initiatives, the region constituted the Regional Council, whose members include the QRS committee chairs and managers.

The region undertook a number of quality improvement initiatives which have been discussed elsewhere in this report:

- Implementation of quarterly reports to the board on patient safety, including Critical Incidents, number of falls, medication errors and elopements; Safety Alerts handled; recommendations from investigations and follow-up; # client concerns received.
- Developed regional policy and procedure on disclosure, and developed and delivered an informational presentation on the disclosure process to the RHA, Regional Medical Advisory Committee, OOS employees, Regional and Community Quality, Risk Management and Patient Safety Committees.
- Implementation of "It's Safe to Ask" campaign in partnership with Manitoba Institute for Patient Safety, beginning in May 2007. A summer student visited Heartland Communities to promote the campaign. The campaign was also highlighted during Canadian Patient Safety Week in October.
- The Safer Healthcare Now "Getting Started Kit" and Strategic Planning Medication Safety documentation were reviewed in preparation for a Medication Reconciliation pilot project implement in December 2007 in one Heartland site. The comprehensive pilot will use two computer programs (PIP and WINPHARM) to reconcile pre-admission medication lists upon admission to the site.
- A Regional Formulary and accompanying policies were developed by the Regional Pharmacy & Therapeutics Committee (P&TC) and have been approved by RMAC. Through a process of attrition, the Regional Formulary will standardize drug inventories across the region, and decrease the number of available drug products and concentrations. Annual drug inventories will be reviewed to assess facility compliance with Formulary listings.
- A temporary "Safety Champion" position was created to advance Heartland's

progress toward “Building a Culture of Safety.” The champion collected appropriate patient safety resources that will be compiled into a ‘Safety Road Show’ to be provided to staff in all Heartland facilities.

- The region piloted a ‘Sharps Disposal’ program in partnership with 3 pharmacies in Rosetown. Heartland purchased the disposal containers and pharmacists provide empty containers and accept filled containers for proper disposal on a “No questions asked” basis.
- A preventative maintenance program that includes required provincial inspections has been rolled out to all facilities in the region. Maintenance of medical devices that cannot be maintained by regional staff has been contracted out to a qualified provider.
- The region launched a process to monitor nosocomial and surgical site infection rates, and a draft education program for nursing staff and Care Team Managers on the new surveillance and reporting procedures.

Providing Information Services

The Heartland Region Health Authority Information Systems (IS) department remains committed to providing regional health care professionals with the instruments, information and assistance they require in order to provide the highest level of service to our clients and residents. Safety, quality, and risk management are operational priorities of the HRHA, and the IS department pledged to support those values through:

- Providing remote supervision for Ultrasound services in Rosetown, Biggar, Unity, and Kindersley (as per College of Medicine Bylaws);
- Implementing the Pharmaceutical Information Program (PiP) in all Acute Health Centres (Kerrobert, Rosetown, Biggar, Unity, Outlook, Davidson);
- Increasing clinical and educational Telehealth usage (by 300%) during 2007-08.

During 2007-08, Heartland RHA IS focused on key clinical initiatives that will promote a comprehensive provincial Electronic Health Record (siEHR) and establish *quality performance and expectations*. HHR achieved related milestones including:

- The Biggar Health Centre Client Patient Indexing (CPI) System Implementation;
- Upgrading the Procura Homecare system (version 6000);
- Participating in the Saskatchewan Provincial Lab Information System (LIS) replacement working group (functional and technical representatives);
- Replacing legacy dictation infrastructure and implementation of a regional Dictation/Transcription System;
- Implementing a consolidated Admitting statistical system capable of collecting regionalized data

Heartland IS focused on *making ongoing communication a priority* in 2007/2008 by implementing employee access kiosks in the Rosetown and Kindersley Health Centre cafeterias.

Supporting and developing human resources was a key goal of HHR 2007/2008 and was achieved by:

- Employing Student IS staff during both summer of 2007 and winter of 2008;
- Providing advanced technical training to all IS Coordinators;

- Providing applicable Project and Clinical system training to Regional Clinical System Manager (RCSM) and Client Information Systems Analyst (CISA).

The RHA's IS department believes in *fiscal responsibility* and *being accountable to the people we serve*, as demonstrated by the following outcomes:

- Operated 2007/2008 balanced IS budget for third consecutive year;
- Received reimbursement for the Shared Client Index (SCI) patient data remediation process (\$19,000.00);
- Procured a Saskatchewan Workforce Retention Grant for the replacement of Long Term Care MDS (Minimum Data Set) Quality Improvement initiatives (\$68,000.00);
- Accessed \$15,000.00 in provincially targeted funding for Primary Health Care equipment (Laptops, Printers, etc) and High Speed Internet (Eatonia and Beechy Health Centres);
- Secured \$5000.00 through the Saskatchewan Student Employment Experience funding.

Heartland Health Region has experienced significant growth in the area of Information Technology/Telecommunications and continues to make infrastructure improvements to adequately support that growth:

- Upgraded all computer workstations to Windows XP Pro operating system;
- Configured redundant Network Domain Controllers and Hot Spare File Servers;
- Completed Regional Security Maturity Assessment in conjunction with the Health Information Solutions Centre (HISC);
- Implemented significant upgrades to phone systems in Rosetown, Kyle, Eston, Unity, and Biggar.

Capital upgrades

Health foundations and community donors are important partners in ensuring the provision of sustainable health care. The 2007-08 Fiscal Year saw the region spend almost \$2,000,000 on capital equipment. Of this total, \$182,357 came from local donations and \$582,177 from local Foundations. Examples of purchases supported by local funds include long term care and palliative care beds, laboratory and surgical equipment, sit/stand lifts and additional modules for cardiac monitors. The Outlook and District Health Foundation continued their support in funding the building project as well as in making capital equipment purchases related to this project.

The Heartland RHA continued to upgrade diagnostic imaging equipment in the Biggar Hospital and the Outlook Health Centre. Ministry funding (2005-06) enabled the replacement of an aging X-ray machine in Biggar with one that can be upgraded to digital when funding is available. The X-ray suite in the Hospital was renovated at a cost of more than \$84,500 by donations from local business and individual donors, and a significant contribution from the Ministry of Health. Diagnostic imaging in the new Outlook Health Centre has been upgraded to digital capacity thanks to funding provided by the Outlook Foundation.

The region also received funding from the federal government for equipment purchases that support the delivery of clinical systems (i.e. medical and surgical, patient comfort and safety,

laboratory, and information technology). Late in 2007-08, \$779,012 was allocated to Heartland Health Region to purchase surgical and safe lifting equipment. The region also received funds to purchase new x-ray machines.

Some seventeen community Foundations and Advisory Groups exist within the boundaries of the Heartland Health Region. Donations may also be made directly to facilities and are deposited into specified accounts.

Public Confidence, Accountability and Transparency

Providing clear, relevant, honest and timely information to stakeholders is an organizational priority for Heartland Health Region. The regional Communications Plan continued to guide communications with the region, and focused on reputation management, enhancing public confidence, improving public access to information, and issues and concerns handling.

As important allies for relaying corporate, program and service information to the public, Heartland maintained and nurtured positive relationships with the media. Heartland collaborated with the Minister of Health and other Regional Health Authorities on a variety of provincial communications efforts. The Coordinator of Communications participated in weekly Joint Communications Committee conference calls and quarterly meetings. The RHA website is regularly updated to share information with employees, physicians and the public. All public documents, including media releases, publications and authority minutes are available on the website, as well as by request to Corporate Office.

The region undertook specific activities to address public confidence during the year, including:

- Produced and distributed a four-page newsletter, *The Heartlander*, to all households in the region. The newsletter provided an overview of the 2006-07 Annual Report and highlights from the Strategic Plan, as well as key information about health services.
- Regular (e.g. the *Heartland Beat* internal weekly newsflyer) and ad hoc communications about pertinent organizational decisions and initiatives with managers and employees.
- Members of the RHA's Senior Leadership Team visited communities and facilities throughout the region to share information about the region, and talk about Heartland's future possibilities.
- Introduced the "It's Safe to Ask" campaign in support of improved communications between patients/clients and care providers
- Launched the Ethics Consultation service to provide support to difficult health care decision-making by individuals, families and employees.
- Unveiled a more user-friendly website with updated information.

Financial Summary

Heartland Health Region continues to achieve financial success, ending the 2007-08 fiscal year with a \$25,824 operating surplus. Due to continued capital commitment for the Community Services renovation the ending deficit was (\$102,307).

Highlights of the year include the settlement of the HSAS contract, low vacancy rate in Community Services and increased use of targeted funding.

Expenses were up 6.9% over 2006/07 mainly because the year included an extra day and two Easters. Materials Management and supply contracts saw significant savings again this year mainly in drugs, lab and X-ray supplies. Salaries, sick and overtime costs remain substantial at \$2.5 million, and there is an increasing concern for the growing vacation liability at \$5 million.

As for revenues, the region saw a significant increase in empty beds (avg. of 13 to 15 per month) but an increase in EMS trips, up 253 trips from 06/07.

The region continued to maintain a working capital ratio greater than 1, ranking 6th among health regions (Table 9). The ratio indicated that Heartland was able to meet current financial obligations through management of current assets and current liabilities. Ranking 4th among health regions, the number of days that Heartland was able to operate with working capital was negative. This indicated that the region would be unable to operate without additional revenue, for some of the reasons indicated below. Given the status quo budgets, achieving significant surpluses to improve this situation is difficult.

Table 9: Summary of Working Capital Ratio and Number of Days able to operate with working capital 2004-05 until 2007-08

	2004-05	2005-06	2006-07	2007-08
Working Capital Ratio	1.06	1.01	1.13	1.09
<i>Working Capital Ratio (Provincial Range)</i>	<i>0.62-1.69</i>	<i>0.36-2.02</i>	<i>0.23-1.75</i>	<i>0.31 - 1.80</i>
Number of Days able to operate with working capital	(4.77)	(0.63)	(0.91)	(1.83)
<i>Number of Days able to operate with working capital (Provincial Range)</i>	<i>(68.06) - 28.83</i>	<i>(62.41) - 18.50</i>	<i>(61.97) - 28.71</i>	<i>(62.32) - 39.28</i>

Future Outlook/Emerging Issues

Primary Health

The development of four Primary Health Care Services within Heartland sets the stage for service delivery and development over the next years. The infrastructure will continue to develop to support this style of service. Communities will be educated to understand and use Primary Health services.

Team Development Facilitators, Healthy Living Experts (Chronic Disease Management), Safety Champions and Communications personnel will be the catalysts that move Heartland from an ordinary health region to one on the cutting edge of rural wellness and health care.

It appears that economic growth is occurring in Heartland, as it is across the province. This growth is predicted to continue into the future. New and different needs will be identified as populations grow and change with economic and industrial change. Heartland's Primary Health Care Services Areas are designed to respond quickly to newly identified needs within their boundaries. Over time, the PHSAs will develop service "personalities" that reflect the unique needs of the area while still ensuring the provision of core health services.

Technology will continue to enrich the quality and access of health care. Full implementation of the Electronic Health Record is a development that Heartland anticipates with unbounded enthusiasm.

Human Resources

Recruitment has been a challenge in Heartland, but the provincial incentives coupled with the promised prosperity of the province have done much to address that issue. Retention is now the challenge. Ways must be found to facilitate the retention of employees nearing or entering retirement.

Communications and Public Confidence

Communications is always a challenge. Heartland will need to address both internal and external audiences. Internal audiences need to have opportunities to adapt to a new and changing culture. Individuals need to learn about safety, team work, and patient-centred services. Communities need to learn about health care as it is provided today – by a wide and diverse range of human service providers who work collaboratively toward health living, illness prevention, and treatment when required. Nurses and doctors, although incredibly important players in a health system, are just two parts of the complex, multifaceted system that provides health care to Saskatchewan citizens.

Communities need information about pending changes in the system. Resource reallocations can cause a great deal of angst within a community. Early, transparent and frequent dialogue must occur.

A Culture of Safety

Key to Heartland's forward motion is the continued evolution of the Culture of Safety in both the organization and the community. The resources to achieve this goal may not be available

in the near future, but must take priority soon. The result will be reduced human, organizational and community costs (financial, quality of life, etc.) associated with ‘accidents’, and unintentional injury. Not all of these costs are financial.

Quality

Maintaining a quality, sustainable infrastructure in Heartland continues to be a challenge. A “blueprint” of the **ideal** services provided in, and resources allocated to, each Primary Health Service Area will need to be developed. Each PHSA will meet the unique needs of the area, while ensuring that a common suite of health services are equally available to all Heartland residents no matter where they live. Completion of this blue print will permit the region to move forward in identifying which sites, which services, which professionals are required in each area.

Quality Improvement, Risk Management and Patient Safety are major themes that need to be addressed into the future. More time, more information, more resources are required to do this effectively. The region will need to find the means to meet these needs.

Heartland has undergone major organizational restructuring within the last year, and is well on its way to developing solid Primary Health Care Services. We still have work to do in addressing that necessary support services be in place to ensure success in Primary Health Care. We need to focus on the following areas: Communications staff, Quality Improvement and Risk Management staff, Team Development Facilitators, Staff Educators, Healthy Living Experts, Safety Champions, Pharmacists, Infection Control resources, Schedulers, Administrative Assistants. Heartland will have to find a way to address these needs. The success of the Primary Health Care Services Areas depends on it.

Governance and Transparency

Heartland Regional Health Authority has completed its sixth year of operation. As required by legislation, the region is served by a twelve-member Regional Health Authority (RHA), one of whom was appointed within the fiscal year. The authority is responsible to plan, organize, deliver, monitor and evaluate health services delivered in the region. Members of the Authority were appointed by the Minister of Health, as was the Chair, Lyle Leys, and the Vice-Chair, Betty Shapka. The RHA met ten times in 2007-08.



Figure 12. Heartland Regional Health Authority Back Row (L-R): Bill Sittler, Cindy Hoppe, Erhard Poggemiller, Gary Johnson, Wayne Vaxvick. Second row (L-R): Les Langager, Eve Wagner, George Siemens. Front Row (L-R): Carey Howie, Lyle Leys, Chair, Betty Shapka, Vice-Chair. Missing: Don Leitch

Table 10. Members of the Heartland Regional Health Authority and committees

HRHA Board Members		
Lyle Leys, Chair	Elrose	
Betty Shapka, Vice-Chair	Macklin	
Cindy Hoppe	Biggar	
George Siemens	Fiske	
Wayne Vaxvick	Outlook	
Carey Howie	Kindersley	
Erhard Poggemiller	Kerrobot	
Gary Johnson	Eston	
Les G. Langager	Loreburn	
Don Leitch	Unity	
Bill G. Sittler	Wilkie	
Eve Wagner	Unity	
Executive Committee	Internal Audit Committee	Ethics Committee
Lyle Leys, Chair	Betty Shapka, Chair	Lyle Leys
Betty Shapka, Vice-Chair	George Siemens	Wayne Vaxvick
Gary Johnson	Eve Wagner	Carrie Howie
	Gary Johnson	
	Lyle Leys (Ad Hoc)	
This committee did not find it necessary to meet this year.	This committee did not find it necessary to meet this year.	This committee held several meetings in 2007-08.

Policy Governance

The RHA uses an adapted policy governance model that strengthens and advances interdependent relationships among the Authority, regional stakeholders and Heartland's President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process.

Roles and Responsibilities

As defined by Ministry of Health's *Roles and Expectations Document*, the RHA must meet expectations in six (6) key areas: Strategic Planning; Fiscal Management and Reporting; Relationships; Quality Management; Monitoring, Evaluation and Reporting; and Management and Performance. The annual Accountability Document provided by Ministry of Health also identifies specific program and service expectations for the health region.

The President/CEO reported to directly to the RHA about general and daily operations of the health region. The Senior Leadership Team, comprising 5 vice-presidents, the Senior Medical Officer and the President/CEO, met frequently, and were responsible for planning, integrating and delivering health services throughout the region.

The Regional Operational Planning Team (OPT), comprising key OOS managers and leaders, met monthly to access an organizational cross section of expertise that ensured broad-based input into decision making, action plan achievement and performance monitoring.

Committee Structure

To support the Authority in fulfilling its responsibilities, it has established three standing committees:

- Executive Committee – Comprising three (3) authority members (Chair, Vice-Chair and one (1) additional member) and the President/CEO, this committee attends to emergent issues when a full quorum of the Authority cannot be gathered.
- Internal Audit Committee – Comprising five (5) authority members, this committee attends to matters of compliance and quality that reflect effective, efficient, transparent and accountable governance. There were no meetings of this committee in 2007-08, as internal audit issues were addressed by the board as a whole.
- Ethics Advisory Committee – Comprising authority members, staff and volunteers, this committee addresses Ethical Treatment and Services, Ethical Research, Ethical Decision-making and Resource Allocation, and the establishment of an Ethics Consultation Service for patients, clients and staff.

Community Advisory Networks

Heartland strongly believes in networking through existing groups rather than establishing another formal layer. In particular, the RHA has worked closely with community groups (e.g.: West Central Municipal Government Committee (WCMGC)) to successfully resolve issues related to equipment requirements, service levels and resident concerns.

The RHA maintained ongoing links with a variety of groups, organizations and processes by:

- Receiving delegations at Authority meetings
- Conducting public meetings in communities across the region
- Participating as a reporting member of West Central Municipal Government Committee
- Liaising with local Health Foundations
- Linking with Rural Economic Development Associations
- Participating in Regional Intersectoral Committees
- Liaising and planning with School Divisions and Regional Colleges
- Maintaining regular contact with and expressing appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attending focus groups

Commitment to Public Transparency

Heartland shared critical information to help the public to understand issues affecting the delivery of health services and programs in the region. Monthly meetings of the Authority were open to the public, and local media regularly attended and reported on decisions and discussion. Meetings were held in the communities of Kerrobert, Unity and Rosetown during the past year. A media release issued following each regular Authority meeting highlighted discussions, decisions and presentations. The region also published all public documents, as well as regional policies and procedures on its corporate website.

Heartland began to implement a three-year Strategic Plan ratified by the Board in January 2007. The plan was publicly launched in May 2007 at a public event attended by media and community leaders. Heartland staff and stakeholders were invited to participate in consultations around each of the five organizational priorities identified in the plan. Their input helped to identify actions for consideration by Heartland's management team. A Strategic Plan Targets Report was developed to identify high-level outcomes for each organizational priority and objective. The document will be updated annually to report progress toward strategic goals to the board.

Payee Disclosure Lists

Payee disclosure requirements relate to payments made for the fiscal year reported in the Annual Report. The Saskatchewan Treasury Board determines the threshold required disclosure. The minimum threshold for the 2007-08 fiscal year was \$50,000 for Payees in all categories including: personal services, transfers, supplier payments and other expenditures.

The Payee Disclosure Lists for all Regional Health Authorities are available on the Ministry of Health website at www.health.gov.sk.ca.

Payee Disclosure List: Personal Services					
Listed are individuals who received payments for salaries, wages, overtime honorariums, severance pay, education leave allowance, taxable education expenses, car allowances and any other direct cash remuneration including sick leave, short-term disability vacation and differentials which total \$50,000 or more.					
ABBOTT	JEANETTE	\$ 60,377	BOWMAN	DEBRA	65,475
ADAMOWSKI	GAIL	81,386	BOYLE	ALAN	75,379
ANDERSON	BRENDA	70,526	BRADLEY	LINDA	59,258
ANDERSON	CHRISTIE	61,815	BRENNER	RICHARD	65,946
ANDERSON	WENDY	67,691	BREWER	DIANE	58,574
ANDREWS	JACKLIN	81,794	BRIGHAM	WENDY	74,117
ANDREWS	WENDY	51,794	BROWN	BARBARA	67,277
ANGELOPOULOS	JOSEPHINE	81,386	BROWN	CORINNE	57,426
ANHOLT	GARY	51,031	BROWN	LAVERN	96,057
ARTYMOVICH	MARJORIE	55,235	BROWN	SANDRA	54,318
ASKIN	KIM	56,176	BROWN	WANDA	66,164
BARKER	DOUGLAS	52,612	BUECKERT	AUDREY	75,126
BARTKEWICH	DARRYL	58,034	CAMPBELL	DEANNE	61,834
BARTLETT	RHONDA	65,782	CAMPBELL	TRINA	56,903
BASLER	CAROLYNE	52,995	CARNEGIE	LORENA	54,606
BEAMAN	MARILYN	52,997	CARRIERE	JEAN	50,555
BECKER	LINDA	81,637	CHAPMAN	JULIE	64,585
BEDIER	LOUISE	71,532	CHOLIN	SHANNON	64,618
BELAK	RONALD LE	76,206	CHRISTENSEN	ELIZABETH	54,119
BELL	BETTY	90,364	COCHRANE	CARRIE	57,064
BELL	REBECCA	65,353	COLE	KAREN	69,164
BENCHARSKI	PATRICIA	73,120	COOL	GLORIA	77,685
BENTZ	STACY	53,933	CORDES	SANDRA	50,568
BERIAULT	DORIS	74,955	COWELL	BARBARA	80,220
BLAIS	ALBERT	80,972	CRICKETT	VALERIE	70,925
BLANCHETTE	DEBRA	72,317	CUPPLES	STEVE	67,223
BLODER	JANET	55,098	DAVID	LAURA	69,207
BLOSKY	ERIC	57,169	DAVIDSON	LEEANN	79,524
BOKITCH	ALLISON	68,223	DEGENSTEIN	ROBERT	72,707
BORNE	RODNEY	66,474	DEIBERT	KERRY	75,416
BOSCH	STACEY	124,820	DELOWSKY	KATHIE	50,512
BOTHNER	CHARLOTTE	62,501	DENNEY	JANE	61,669
BOUCHER	COLLEEN	68,768	DESROSIERS	CHERYL	56,684

DESROSIER	WANDA	82,534	HOGG	DARLENE	61,757
DIES	ANN MARIE	75,546	HOLLER	BERNIE	72,984
DUERKSEN	LORETTA J	73,841	HOLTON	IAN	69,431
DUNN	BONNIE	61,346	HORN	VIRGINIA	68,909
DUPUIS	JO-ANN	76,123	HUBER	LOIS	63,173
EDBOM	ROBERT	95,457	IRELAND	EILEEN	51,796
EDMONDS	ANNEMARIE	61,972	IRELAND	SCHARLENE	65,684
ETSELL MCLEOD	ELAINE	69,543	JAINDL	SHARON	57,511
EYOLFSON	JILL E	59,205	JOHNSON	KATHRYN	57,868
EYRE	GWEN	61,530	JOHNSTON	KIM	67,871
FAGNOU	JULIA	74,610	JONES	KATHY	71,572
FELTIS	ELAINE	81,221	KAUTH	PAMELA	66,365
FISHER	MARY PAT	71,115	KELLY	KEN	50,167
FLYNN	RENEE	54,559	KEMBEL	KELLEY	66,510
FRERICHS	JENNIFER	60,317	KERNOHAN	BEVERLY	70,403
FRITZ	MARION	81,872	KIRKNESS	BRIAN	53,907
FROYSTAD	LISA	54,984	KNORR	NANCY	74,678
GEORGE	DOREEN	69,870	KOENDERS	KRISTA	84,339
GEREIN	JACKIE	58,389	KOHLMAN	LYNDA	52,496
GEREIN	NICOLE	71,295	KOKESCH	MEGAN	58,897
GIESBRECHT	BRAD	60,094	KOOP	CAROLYN J	70,526
GILCHRIST	MARTHA	79,608	KREKOSKI	GAIL	70,593
GLASSFORD	CARRIE	58,755	KROGSTAD	VIVIAN	82,843
GLESSING	CAROLYN	115,617	KRONBERG	DIANE	69,096
GOETTLER	DIANE	57,676	KUNTZ	SYLVIA	69,328
GUNDERSON	WENDY	56,148	KURULAK MILNE	DEBORAH	71,164
HABERMEHL	PATRICIA	57,399	LANGAGER	JUDY	60,922
HADUIK	CONNIE	75,286	LANGE	PATRICIA	60,789
HALDE	SERGE	70,087	LARSEN	LINDA	70,689
HAM	LESLIE	54,729	LAUGHREN	LAURIE	53,432
HARBICHT	LEE	74,849	LAVIGNE	BEVERLEY	83,709
HARTSOOK	REID	52,861	LEWIS	KATHY	53,937
HAUBER	AMANDA	55,543	LI	ESTHER	52,929
HAUBRICH	KATRINA	57,826	LILBURN	CHRISTINE	75,963
HAUBRICH	SHARON	80,974	LINDEMANN	DEBRA	53,888
HAYES	BRENT	87,925	LOCKWOOD	VAL	56,748
HAYNES	BARBARA	63,700	LOITZ	TERRIE	53,232
HAZEL	GLENDA	66,714	LONGTIN	CATHY	55,047
HEALEY	COLLEEN	65,478	LOW	BONNIE	63,124
HEALEY	SHERRI	64,471	MACRAE	JOAN	75,197
HEIDT	TRACY	76,642	MAGNUS	MARILYN	52,048
HEINTZ	BERNADETT	50,551	MAHARAJ	MONA L	76,566
HELMAN	MARIE	56,761	MAHARAJ	SUBHAS	80,716
HERMANSON	RUTH	74,825	MALCOLM	ANGELA	52,695
HILL	CAROL	78,018	MANN	GAYLEEN	59,147
HINTHER	CATHY	60,347	MARCHUK	ANDREA	65,056
HOFER	FAYE	81,102	MARTIN	MONANNE	62,110
HOGAN	KAREEN	55,219	MAY	CARLA	75,617

MCADAM	CALI	50,709	RITCHIE	DAWN	64,536
MCCONNELL	SYLVIA	62,300	RITTER	MONICA	53,531
MCCORMICK	ANN	63,662	RITZ	SUSAN	65,336
MCCORMICK	KAREN	53,045	ROBINSON	DEBORAH	71,051
MCDONALD	BRENDA	70,845	ROBSON	SHELLY	84,765
MCFARLANE	PATRICIA	71,383	ROPPEL	CARLA	52,185
MCPHERSON	THELMA	59,367	ROSZELL	JOAN	62,298
MERKEL	GORDON	90,741	ROTH	KATHY	71,328
MESCALL	AUDREY	55,741	RYAN	CAROL	70,836
MESCHISHNICK	MICHELLE	64,428	RYBERG	TRACEY	51,154
MEYER	JANICE	70,397	RYSAVY	BEVERLEY	67,978
MEYER	NORMA	58,293	SANVILLE	ANNEMARIE	55,355
MILLER	E RUTH	72,272	SATTELMEIER	YVONNE	54,141
MILTON	DEBBIE	70,242	SCHAEFER	VANESSA	53,155
MOEBIS	DONNA	52,238	SCHIERLING	JENNIFER	52,731
MOORE	BRENDA	55,282	SCHIMPF	JOANNE	57,609
MOORE	SUSAN	89,504	SCHMIEDGE	ADRIAN	70,968
MORESIDE	DIANNE	74,265	SCHOLER	BRENDA	89,766
MORHART	NICOLE	67,983	SCHWAB	MICHELLE	59,500
MOSKALYK	STACY	56,607	SCHWARTZ	BERNIE	99,711
MUNRO	JEANNIE	85,845	SENGER	DIANA	69,068
MUNT	SHARLENE	50,022	SERFAS	KAREN	91,237
NELSON	SHELLY	62,524	SERFAS	MAUREEN	66,106
NEUMEIER	BRENDA	67,441	SHEREMETA	DONALD W	62,745
NICKEL	MELVIN	62,340	SIBLEY	TANISLEI	60,715
NISBET	CARA	63,291	SIMONSON	SUSAN	64,469
NODWELL	CARLA	64,175	SINCLAIR	AGNES	58,916
OLSON	PATRICIA	55,805	SINCLAIR	VALERIE	66,732
OLSON	SHERRY L	54,725	SMITH	DARLENE	77,449
OSMAN	JOY	61,395	SMITH	SANDY	64,275
PAJUNEN	SHEILA	122,521	SMITH	WENDY	75,637
PALMER	CATHERINE	70,995	SOMERVILLE	GLENDA	73,690
PARK	GLORIA	56,737	SPERLE	AMBER	54,167
PARKINSON	SHIRLEY	70,872	SPROXTON	LEFA	124,288
PELLETIER	GRACE	53,985	ST JOHN	SUZIE	65,655
PICHE	DOROTHY	52,066	STABBLER	LEONA	50,457
POITRAS	CHARMAINE	74,867	STANJEK	DONNA	58,416
POLETZ	DENISE	76,052	STANLEY	LEESA	83,527
POOL	PATRICIA	56,992	STEER	SYDNEY	50,949
PRINCE	JOHN	71,474	STEIERT	AUDREY	62,097
PURCELL	LINDA	91,485	STEVENS	DEBRA	53,226
READ	RUTH	78,568	STEWART	WILLIAM	51,768
REDDEN	DEBBIE	72,389	STOLZ	JENNIFER	65,783
REED	LORRY	73,794	STOPANSKI	VALERIE J	84,964
RHODES	CAROL	83,049	STOREY	CRYSTAL	52,605
RIENDEAU	GAYLE	97,456	STORY	TERRI	55,091
RINGROSE	CATHY	87,078	STRATTON	CARLA	67,735
RITCHIE	ADELE	81,350	SUTER	DONNA	53,733

SUTHERLAND	DONNA	97,555	WEISZ	THOMAS	79,256
TERNES	ALVIN	69,447	WELLS	BONNIE	55,305
TERNES	DALE	91,816	WELLS	SHIRLEY	55,930
TOLLEFSON	CHRISTINE	57,755	WELLS	STACEY	73,815
TORRANCE	CAROLYN	64,387	WERSCH	KEN	174,732
TRUMBLY	BETTYANN	81,573	WESTON	MARLENE	87,714
TUNALL	MELANIE	58,724	WIEBE	DIANNE	70,185
TURTON	AMBER	63,218	WIENS	CHRISTINE	77,231
TYNDALL	SHIRLEY	59,531	WIENS	JOEANN	61,665
VANTHUYNE	MARLENE	71,459	WIENS	LAURIE AN	51,931
VAVRA	DONNA	69,210	WILDEMAN	BERNIE	84,067
VAXVICK	JEAN	53,633	WILKINSON	CHRISTOPH	57,670
VOLK	BEVERLEY	63,251	WILLIAMS	MARILYN	74,295
VOLK	DONALD	60,954	WILSON	DIANNE	53,960
WAGNER	LESLIEANN	70,220	WINNY	JOANNE	56,709
WAITE	DONNA	61,401	WINNY	TERESA	55,838
WALKER	CHERYL	53,836	WISTE	SHEILA	76,027
WALKER	EVELYN	79,733	WOJNAKOWSKI	ELIZABETH	56,646
WALLS-INGRAM	SHEENA	60,862	WYLIE	JACQUELIN	79,153
WARREN	LYNNE	59,986	YOUNGSTROM	ELAINE	51,075
WASKO-LACEY	LINDA	125,795	ZAMULINSKI	AUDREY	57,655
WEBER	TRAVIS	84,342	ZIMMER	ANDREA	50,026
WEBSTER	LINDA	73,381			

Payee Disclosure List: Transfers	
Listed, by program, are transfers to recipients who received \$50,000 or more.	
BRIDGEPOINT	\$ 464,417
ST JOSEPH'S HEALTH CENTRE	1,595,546
Payee Disclosure List: Supplier Payments	
Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.	
A1 POWER DOOR LTD	\$ 58,820
ADVANCED RESPONSE VEHICLES INC	53,813
ARJO CANADA INC	170,486
ASSOC. RADIOLOGISTS OF S'TOON	179,343
BECKMAN COULTER CANADA INC.	123,532
BEECHY/DEMAINE EMERGENCY SERVICES	124,041
BUNZL CANADA - OAKVILLE	87,045
CANADA ENDOSCOPE CORPORATION	96,976
CAN-med	88,346
DAIRYLAND FLUID DIVISION LTD.	126,275
DEPARTMENT OF PROPERTY MANAGEMENT	845,783
DOMCO CONSTRUCTION INC	3,392,895
EATONIA OASIS LIVING INC	123,956
FUTUREMED HEALTH CARE PRODUCTS	108,325
GILCHRIST, ARMAND	61,629

GRAND & TOY	182,527
HIROC INSURANCE SERVICES LIMITED	218,080
HOSPIRA HEALTHCARE CORPORATION	161,693
JOHNSON & JOHNSON	338,638
KPMG	55,652
LONG & SON ELECTRIC LTD.	55,898
M.D. AMBULANCE & CARE LTD	81,920
MCKESSON CANADA	138,845
MEDTRONIC OF CANADA LTD	257,371
MODERN JANITORIAL SERVICES(NB)	59,477
PERIDOT MEDICAL INC.	51,389
PHILIPS MEDICAL SYSTEMS CANADA	553,005
RCDP / CPDN	197,468
SAHO	159,638
SASK ASSOC. OF HEALTH ORGAN.	270,310
SASK POWER	730,944
SASK ENERGY	747,659
SASK TEL	487,688
SASK WORKERS COMPENSATION BOARD	467,811
SASKACHEWAN HEALTH	60,044
SASKATCHEWAN REG. NURSES ASSOC	121,314
SASKATOON HEALTH REGION	364,849
SASKWEST MECHANICAL LTD.	159,471
SCHAAN HEALTHCARE PRODUCTS	878,240
SGI	51,262
SIMPLEX/GRINNELL	127,720
SOURCE MEDICAL CORPORATION	67,215
STERIS CANADA INC.	126,296
STONE HUTCHINSON ARCHITECTS LTD.	95,155
STRYKER CANADA	221,688
SYSCO FOOD SERVICES OF REGINA	775,749
THE STEVENS COMPANY LTD	80,021
TOWN OF KINDERSLEY	50,616
TRANE SASKATCHEWAN	76,437
VFA CANADA CORPORATION	82,292
VITAL AIRE	118,955
WBM OFFICE SYSTEMS	139,810

Payee Disclosure List: Other Expenditures

Listed are payees who received \$50,000 or more for expenditures not included in the above categories.

GREAT WEST LIFE ASSURANCE CO	\$ 38,091
HEALTH SCIENCES ASSOC OF SASK	68,876
PUBLIC EMPLOYEE PENSION PLAN	35,223
SAHO - DENTAL PLAN	513,201
SAHO - DISABILITY INCOME PLAN	654,084
SAHO - EXTENDED BENEFITS PLAN	1,323,170

SASKATCHEWAN UNION OF NURSES	190,940
SHEPP - PENSION PLAN	2,766,961
SEIU	468,553
WCB	890,498

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2007-08 Performance Management Summary

The Performance Management Accountability Indicators table provides information on RHA's performance relative to indicators defined by Ministry of Health and outlined in the objectives of Saskatchewan Health, as well as a Financial Summary. It serves as a reference tool for the RHA in reporting on and interpreting the indicators in the 2007-08 Accountability Document. The Accountability Document, in turn, provided the framework for Heartland's Performance Plan, and is the tool by which the region's management provided quarterly reports to the Authority on progress made toward priorities identified by the province and the region.

The source of data for the RHA information is Ministry of Health. The information in the provincial comparison and Provincial Range columns has been provided by Ministry of Health. This information enables comparison between the RHA and the other regional health authorities in the province. For further information on technical interpretations and definitions of the indicators below, refer to the *Performance Management* document on the Ministry of Health website at www.health.gov.sk.ca.

Indicators that are not relevant to RHA have not been included in this Summary, nor have indicators that have yet to be developed.

Indicator	RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled <i>as of March 2008</i>	June 2007 <i>(next scheduled date June 2010)</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned <i>as of March 2008</i>	April 2006	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Number of client contacts with the Quality of Care Coordinator to raise a concern <i>2006/2007</i>	44	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days <i>2006/2007</i>	91%	86%	52% – 99%	<i>to be determined</i>

Indicator		RHA Value	Provincial Value	Range	Target
Workforce Planning					
Distribution of health system full time equivalents (FTEs) by affiliation 2007/2008	Provider Unions (CUPE, SEIU, SGEU)	732.32	not applicable	not applicable	not applicable
	HSAS	71.12			
	OOS/OTHER ¹	67.40			
	SUN	170.24			
	RWDSU ²	not applicable			
	Organization as a whole	1,041.09			
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation 2007/2008	Provider Unions (CUPE, SEIU, SGEU)	31.49	45.68	18.53 – 91.95	to be determined ³
	HSAS	45.45	23.72	0.10 – 131.05	to be determined ³
	OOS/OTHER ¹	1.34	3.41	0.21 – 13.02	to be determined ³
	SUN	50.86	84.78	32.83 – 351.02	to be determined ³
	RWDSU ²	not applicable	not applicable	not applicable	to be determined ³
	Organization as a whole	33.66	48.46	18.95 – 131.14	to be determined ³
Worked hours as a percentage of total hours by affiliation 2007/2008	Provider Unions (CUPE, SEIU, SGEU)	77.0%	77.3%	73.3% – 80.2%	to be determined ³
	HSAS	79.8%	79.9%	73.0% – 81.6%	to be determined ³
	OOS/OTHER ¹	81.5%	81.8%	75.0% – 84.2%	to be determined ³
	SUN	76.5%	74.0%	65.8% – 76.8%	to be determined ³
	RWDSU ²	not applicable	not applicable	not applicable	to be determined ³
	Organization as a whole	77.4%	77.2%	72.5% – 79.9%	to be determined ³

Indicator		RHA Value	Provincial Value	Range	Target
Number of sick leave hours per full time equivalent (FTE) by affiliation 2007/2008	Provider Unions (CUPE, SEIU, SGEU)	98.08	89.48	70.26 – 108.76	to be determined ³
	HSAS	82.90	68.08	50.61 – 108.78	to be determined ³
	OOS/OTHER ¹	62.05	50.23	41.95 – 70.10	to be determined ³
	SUN	80.87	89.48	52.15 – 94.79	to be determined ³
	RWDSU ²	not applicable	not applicable	not applicable	to be determined ³
	Organization as a whole	91.89	84.35	65.01 – 100.96	to be determined ³
Number of lost-time WCB claims per 100 full time equivalents (FTEs) 2007/2008		6.34	7.12	0.00 – 9.02	to be determined ³
Number of lost-time WCB days per 100 full time equivalents (FTEs) 2007/2008		225.92	451.26	0.00 – 677.35	to be determined ³
Percentage of employees self-identifying as Aboriginal 2005/2006 ⁴		not available	not available	not applicable	to be determined
Financial					
Surplus (deficit) ³⁰ 2007/2008		\$25,824	not applicable	(\$3,782,174) – \$5,674,918	\$0
Surplus (deficit) as a percentage of actual operating expenditures ³⁰ 2007/2008		0.0%	not applicable	(2.6%) – 1.6%	0.0% – 0.5%
Working capital ratio (current ratio) ³⁰ 2007/2008		1.09	not applicable	0.31 – 1.80	to be determined
Number of days able to operate with working capital ³⁰ 2007/2008		(1.83)	not applicable	(62.32) – 39.28	to be determined
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported 2007/2008 [yes/no indicator]	Q1	Yes	not applicable	not applicable	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Acute Care					
Number and percentage of surgical cases on wait list that have already waited over 6 months ¹² 2007/2008	Number	value suppressed	not applicable	not applicable	not applicable
	Percentage	value suppressed	39.9%	6.9% – 47.0%	to be determined
Number and percentage of surgical cases on wait list that have already waited over 12 months ¹² 2007/2008	Number	0	not applicable	not applicable	not applicable
	Percentage	0.0%	18.9%	0.0% – 23.1%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months ¹² 2007/2008	Number	0	not applicable	not applicable	not applicable
	Percentage	0.0%	9.2%	0.0% – 11.7%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames ¹² 2007/2008	Priority Level I within 3 weeks	60.0%	60.4%	47.4% – 95.4%	95%
	Priority Level II within 6 weeks	37.5%	44.0%	32.0% – 95.1%	90%
	Priority Level III within 3 months	95.2%	67.8%	48.6% – 99.1%	90%
	Priority Level IV within 12 months	100.0%	89.2%	83.4% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target ¹² 2007/2008	Percentage of target	114.6%	99.4%	92.2% – 114.6%	100%
	Variance from target	33	not applicable	not applicable	not applicable
Institutional Supportive Care					
Case mix index for institutional supportive care facilities ¹³ as at the end of Q2 2007/2008		0.775	0.782	0.748 – 0.811	to be determined
Population Health Services					
Percentage of off reserve schools that are implementing healthy food / nutrition policies as of September 1, 2007		5.2	21.2	0.0 – 84.3	60% of schools by September 2011

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday ¹⁴ July 1, 2006 to June 30, 2007	Diphtheria	82.8	69.8	53.3 – 85.7	to be determined
	Measles	82.1	69.5	53.3 – 82.1	
Influenza immunization rate per 100 population (age 65 years and over) 2006/2007		67%	63%	52% – 70%	to be determined
Percentage of licensed or regulated facilities inspected each year (pursuant to <i>The Public Health Act, 1994</i>) 2007/2008	FEE – Food Eating Establishment	70	not applicable	68 – 100	80% – 100%
	FPL – Food Processing (Licensed)	61	not applicable	50 – 100	
	LA – Licensed Accommodations	75	not applicable	46 – 100	
	SP – Swimming Pools	82	not applicable	55 – 100	
	Public Water Supplies	48	not applicable	43 – 100	
Percentage of facilities in compliance with <i>The Tobacco Control Act</i> in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns ¹⁵ 2007/2008		98.8%	96.7%	84.1% – 100.0%	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers ¹⁵ 2005 ¹⁶	Males	19.95	25.13	19.95 – 41.75	to be determined
	Females	16.36	23.30	16.36 – 32.31	
Number of new diabetes cases (incidence) and existing (old and new) diabetes cases (prevalence) per 1,000 population 2005/2006	Incidence	5.2	5.4	1.3 – 7.3	to be determined
	Prevalence	61.8	62.0	17.3 – 81.4	
Percentage of increase in needle exchange rates over previous year ¹⁷ 2006/2007		not applicable	11.2%	-42.2% – 170.6%	to be determined
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions 2006/2007		62.7%	57.9%	34.7% – 73.9%	to be determined

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time for admission to alcohol and drug outpatient services ¹⁶ (in days) 2007/2008		9.7	not applicable	not applicable	to be determined
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams March 2008		11.79%	27.08%	9.33% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA 2007/2008	Q1	1,232	not applicable	not applicable	not applicable
	Q2	1,084			
	Q3	1,285			
	Q4	1,071			
Number of persons receiving a service from HealthLine for the RHA 2007/2008	Q1	822	not applicable	not applicable	not applicable
	Q2	971			
	Q3	1,123			
	Q4	993			
	Year as a whole	3,909			
Number of new (in development and established) and enhanced primary health care teams for the current year 2007/2008	New teams in development	0	not applicable	not applicable	not applicable
	New teams established	0			
	Enhanced teams	0			
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) 2006/2007		5.51%	0.76%	0.00% – 10.10%	to be determined
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures ²⁰ 2007/2008		4.9%	not applicable	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births ²⁵ 2002-2004		5.5	5.9	4.0 – 10.5	to be determined
Low birth weight rate per 100 live births ²⁵ 2002-2004		6.0	5.4	3.7 – 6.0	to be determined

Indicator		RHA Value	Provincial Value	Range	Target
High birth weight rate per 100 live births ²⁵ 2002-2004		12.9	15.7	12.9 – 31.1	<i>to be determined</i>
Potential years of life lost per 100,000 population (age 0 to 74 years) ¹⁵ 2001 ²⁶	Circulatory Diseases	909.3	951.5	817.9 – 1,208.9	<i>to be determined</i>
	All Malignant Neoplasms	1,550.2	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	63.5	222.9	63.5 – 376.5	
	Unintentional Injuries	1,203.1	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	458.6	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth) ¹⁵ 1996 ²⁷	Males	69.2	66.6	61.8 – 69.2	<i>to be determined</i>
	Females	71.6	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years) ¹⁵ 1996 ²⁷	Males	11.0	11.2	8.7 – 12.1	<i>to be determined</i>
	Females	12.8	12.7	8.4 – 13.2	
Life expectancy (at birth) ¹⁵ 2001 ²⁸	Males	75.6	76.2	72.1 – 78.2	<i>to be determined</i>
	Females	81.9	81.8	76.1 – 82.8	
Life expectancy (at age 65 years) ¹⁵ 2001 ²⁸	Males	16.3	16.9	15.6 – 18.0	<i>to be determined</i>
	Females	20.0	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent ¹⁵ 2005 ¹⁶		54.94	52.35	39.86 – 57.96	<i>to be determined</i>
Percentage of population (age 18 to 64 years) who are overweight or obese ¹⁵ 2005 ¹⁶	Overweight (BMI 25.0-29.9)	34.79	32.52	30.53 – 36.12	<i>to be determined</i>
	Obese (BMI 30.0+)	18.63	20.03	16.88 – 24.19	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive ¹⁵ 2005 ¹⁶	Active / moderately active	47.14	48.62	38.60 – 53.35	<i>to be determined</i>
	Inactive	51.33	49.52	44.06 – 58.77	
Number of visits to a physician for a mental health reason 2006/2007	General Practitioners	16,095	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	Psychiatrists	1,621			

Indicator		RHA Value	Provincial Value	Range	Target
Age-sex adjusted diabetes prevalence rate per 1,000 population ²⁹ 2005/2006		51.0	not applicable	44.3 – 101.7	to be determined
Injury hospitalization rate per 1,000 population (age 0 to 19 years) 2005/2006	Males	12.1	10.6	7.2 – 17.7	to be determined
	Females	6.4	7.0	5.0 – 14.2	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) 2005/2006	Males	11.9	14.3	8.6 – 35.3	to be determined
	Females	32.5	26.4	21.7 – 39.9	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

- 1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.
- 2 The RWDSU category is applicable to Regina Qu'Appelle only.
- 3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.
- 4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.
- 5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.
- 6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.
- 7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, and Sunrise only.
- 8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.
- 9 SHNB indicator is applicable to Prairie North only.
- 10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only. The two facilities are not peers, in terms of their inpatient rehabilitation programs; therefore, their results should not be compared to each other.
- 11 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.
- 12 The 2007/2008 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.
- 13 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.
- 14 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.
- 15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.
- 16 The most recent Canadian Community Health Survey (CCHS) data is Cycle 3.1 (2005). Therefore, the results are the same as those reported for 2006/2007.
- 17 Needle exchange program indicators are applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.
- 18 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

- 19 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.
- 20 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only.
- 21 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.
- 22 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.
- 23 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.
- 24 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006 and 2006/2007.
- 25 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006 and 2006/2007.
- 26 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.
- 27 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.
- 28 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

Appendix B: Management Report

April 30th, 2008

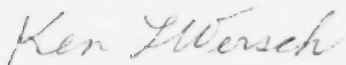
Heartland Health Region Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Heartland Regional Health Authority. The financial statements have been prepared in accordance with the Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



Ken Wersch
Chief Executive Officer



Stacey Bosch
VP of Corporate Services

Financial Statements of

**HEARTLAND REGIONAL
HEALTH AUTHORITY**

Year ended March 31, 2008



KPMG LLP
Chartered Accountants
600-128 4th Avenue South
Saskatoon Saskatchewan S7K 1M8
Canada

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Fax (306) 934-6203
Internet www.kpmg.ca

AUDITORS' REPORT TO THE AUTHORITY MEMBERS

We have audited the statement of financial position of Heartland Regional Health Authority as at March 31, 2008 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

KPMG LLP

Chartered Accountants

Saskatoon, Canada
April 30, 2008

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Financial Position

March 31, 2008, with comparative figures for 2007

	Operating Fund	Restricted Funds		Total 2008	Total 2007
		Capital Fund	Community Trust Fund		
Assets					
Current assets:					
Cash and short-term investments (schedule 2)	\$ 8,943,753	\$ 2,862,599	\$ 42,650	\$ 11,849,002	\$ 10,443,192
Accounts receivable:					
Saskatchewan Health	14,693	470,248	-	484,941	826,154
Other	667,999	381,853	-	1,049,852	1,635,068
Inventories	1,109,238	-	-	1,109,238	1,040,406
Prepaid expenses	466,861	-	-	466,861	498,129
	11,202,544	3,714,700	42,650	14,959,894	14,442,949
Investments (schedule 2)	1,381,718	295,245	-	1,676,963	1,028,853
Capital assets (note 3)	-	37,304,925	-	37,304,925	34,392,413
	\$ 12,584,262	\$ 41,314,870	\$ 42,650	\$ 53,941,782	\$ 49,864,215

Liabilities and Fund Balances

Current liabilities:					
Accounts payable	\$ 2,665,395	\$ 1,064,028	\$ -	\$ 3,729,423	\$ 4,256,343
Accrued salaries	2,841,452	-	-	2,841,452	2,030,123
Vacation payable	4,957,120	-	-	4,957,120	4,360,053
Mortgages payable - current (note 5)	-	431,589	-	431,589	518,589
Long term debt - current (note 6)	-	70,470	-	70,470	42,109
Deferred revenue (note 7)	1,496,837	-	-	1,496,837	1,545,336
	11,960,804	1,566,087	-	13,526,891	12,752,553
Mortgages payable (note 5)	-	7,432,363	-	7,432,363	7,867,964
Long-term debt (note 6)	-	231,067	-	231,067	161,369
Total liabilities	11,960,804	9,229,517	-	21,190,321	20,781,886
Fund balances:					
Invested in capital assets	-	29,139,436	-	29,139,436	25,802,382
Externally restricted (schedule 3)	-	2,171,672	42,650	2,214,322	1,126,641
Internally restricted (schedule 4)	-	1,393,170	-	1,393,170	1,772,170
Unrestricted	623,458	(618,925)	-	4,533	381,136
	623,458	32,085,353	42,650	32,751,461	29,082,329
Commitments (note 4)					
	\$ 12,584,262	\$ 41,314,870	\$ 42,650	\$ 53,941,782	\$ 49,864,215

See accompanying notes to financial statements.

On behalf of the Authority:

Director

Director

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

Year ended March 31, 2008, with comparative figures for 2007

	Operating Fund			Capital Fund	Community Trust Fund	Restricted	
	Budget 2008	2008	2007	2008	2008	Total 2008	Total 2007
	(Note 13)						
Revenues:							
Saskatchewan Health	\$ 65,317,448	\$ 66,135,708	\$ 61,898,707	\$ 4,891,120	\$ -	\$ 4,891,120	\$ 7,035,537
Other provincial	79,620	74,041	80,601	273,455	-	273,455	261,606
Federal government	26,462	24,808	26,462	-	-	-	-
Patient fees	8,226,239	8,269,668	8,248,763	-	-	-	-
Out of province (reciprocal)	332,100	382,927	357,813	-	-	-	-
Donations	-	104,758	29,809	2,123,355	-	2,123,355	3,624,927
Investment	298,235	470,893	352,487	81,866	2,200	84,066	74,173
Recoveries	1,057,350	1,100,624	1,069,556	-	-	-	-
Other	258,325	301,750	319,997	799	-	799	21,060
	75,595,779	76,865,177	72,384,195	7,370,595	2,200	7,372,795	11,017,303
Expenses:							
Province wide acute care services	39,182	30,263	48,230	-	-	-	-
Acute care services	15,424,575	15,824,872	14,758,225	1,166,175	-	1,166,175	1,741,808
Physician compensation - acute	389,300	318,933	298,407	-	-	-	-
Supportive care services	35,167,647	36,236,434	34,049,370	2,018,572	-	2,018,572	1,568,276
Home based services - supportive care	5,744,363	5,651,537	5,417,175	8,005	13,429	21,434	22,116
Population health services	2,776,613	2,792,063	2,499,582	6,815	-	6,815	32,456
Community care services	3,315,294	3,298,162	2,933,146	8,772	-	8,772	3,587
Home based services - acute & palliative	676,638	659,023	566,823	658	1,105	1,763	1,768
Primary health care services	3,364,255	3,485,322	3,221,417	144,383	-	144,383	162,501
Emergency response services	3,881,311	3,767,027	3,351,638	277,719	-	277,719	219,636
Addictions services - residential	464,417	464,417	450,890	-	-	-	-
Physician compensation - community	370,636	426,276	418,407	-	-	-	-
Program support services	3,871,469	3,786,286	3,551,970	83,854	-	83,854	68,258
Special funded programs	90,880	98,738	90,572	-	-	-	-
	75,576,580	76,839,353	71,655,852	3,714,953	14,534	3,729,487	3,820,406
Excess (deficiency) of revenue over expenses	\$ 19,199	25,824	728,343	3,655,642	(12,334)	3,643,308	7,196,897
Fund balances, beginning of year		725,765	659,007	28,301,580	54,984	28,356,564	20,498,082
Interfund transfers (note 15)		(128,131)	(661,585)	128,131	-	128,131	661,585
Fund balances, end of year	\$ 623,458	\$ 725,765	\$ 32,085,353	\$ 42,650	\$ 32,128,003	\$ 28,356,564	

See accompanying notes to financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

Year ended March 31, 2008, with comparative figures for 2007

	Operating Fund		Restricted			
	2008	2007	Capital Fund 2008	Community Trust Fund 2008	Total 2008	Total 2007
Cash provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenue over expenses	\$ 25,824	\$ 728,343	\$ 3,655,642	\$ (12,334)	3,643,308	\$ 7,196,897
Net change in non-cash working capital (note 8)	1,310,897	162,465	410,945	-	410,945	(62,497)
Amortization of capital assets	-	-	3,298,083	-	3,298,083	3,377,385
Loss on disposal of capital assets	-	-	-	-	-	-
Change in interfund balances	(406,989)	680,950	406,989	-	406,989	(680,950)
	929,732	1,571,758	7,771,659	(12,334)	7,759,325	9,830,835
Purchase of capital assets:						
Building/construction	-	-	(4,236,270)	-	(4,236,270)	(8,689,183)
Equipment	-	-	(1,974,325)	-	(1,974,325)	(1,193,771)
Redemption (purchase) of long-term investments	(733,426)	586,780	85,316	-	85,316	-
	(733,426)	586,780	(6,125,279)	-	(6,125,279)	(9,882,954)
Repayment of debt	-	-	(565,680)	-	(565,680)	(703,587)
Issuance of debt	-	-	141,138	-	141,138	135,930
	-	-	(424,542)	-	(424,542)	(567,657)
Net increase (decrease) in cash and short-term investments during the year	196,306	2,158,538	1,221,838	(12,334)	1,209,504	(619,776)
Cash and short-term investments, beginning of year	8,875,578	7,378,625	1,512,630	54,984	1,567,614	1,525,805
Interfund transfers (note 15)	(128,131)	(661,585)	128,131	-	128,131	661,585
Cash and short-term investments, end of year	\$ 8,943,753	\$ 8,875,578	\$ 2,862,599	\$ 42,650	\$ 2,905,249	\$ 1,567,614

See accompanying notes to financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2008

1. Legislative authority:

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Heartland Regional Health Authority ("RHA") was created by the Act and is responsible for the planning, organization, delivery and evaluation of health services it is to provide within the geographic area known as the Heartland Health Region, under section 27 of the Act.

The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government.

2. Significant accounting policies:

These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

(a) Health Care Organizations:

- i) The RHA has agreements with and grants funding to the following community based organizations (CBOs) and third parties to provide health services:

- Canadian Mental Health Association (Saskatchewan Division) Inc.
- Bridgepoint Centre for Eating Disorders Inc.

Note 10b) i) provides disclosure of payments to CBOs and third parties.

- ii) The following affiliate is incorporated as follows (and is a registered charity under the *Income Tax Act*):

- St. Joseph's Hospital of Macklin (incorporated under *The Regional Health Services Act*).

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

(b) Fund accounting:

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

2. Significant accounting policies (continued):

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

2. Significant accounting policies (continued):

(c) Revenue:

Unrestricted contributions are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

(d) Capital assets:

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Buildings	5%
Land improvements	5%
Equipment	6.25 to 33%

Donated capital assets are recorded at their fair value at the date of contribution if fair value can be reasonably determined.

(e) Inventory:

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at lower of cost and net realizable value.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

2. Significant accounting policies (continued):

(f) Pensions:

Employees of the RHA participate in several multi-employer defined pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

(g) Financial instruments:

Effective April 1, 2007, the RHA adopted new accounting standards applicable to financial instruments. In accordance with the standards, the RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Previously investments were recorded at amortized cost. The impact on transition of this change in accounting was nominal. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

The RHA selected January 1, 2003 as the transition date for the identification and recognition of embedded derivatives. Accordingly, only contracts or financial instruments entered into or modified after the transition date were reviewed for embedded derivatives. As at March 31, 2008, the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

2. Significant accounting policies (continued):

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk - affected by changes in foreign exchange rates; Interest rate risk - affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

(h) Replacement reserves:

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

(i) Measurement uncertainty:

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

3. Capital assets:

			2008	2007
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 330,111	\$ -	\$ 330,111	\$ 330,111
Land improvements	494,464	410,444	84,020	85,294
Buildings	51,704,985	32,677,632	19,027,353	21,322,756
Equipment	20,279,674	15,603,597	4,676,077	3,567,609
Construction in progress	13,187,364	-	13,187,364	9,086,643
	<u>\$ 85,996,598</u>	<u>\$ 48,691,673</u>	<u>\$ 37,304,925</u>	<u>\$ 34,392,413</u>

4. Commitments:

a) Capital assets acquisitions

At March 31, 2008, commitments for acquisition of capital assets were \$198,330 (2007 - \$135,930).

b) Operating leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2009	\$ 33,790
2010	18,268
2011	8,565
2012	6,467
2013	-

c) Capital leases:

			2008	2007
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Ambulances under capital lease	\$ 277,068	\$ 47,662	\$ 229,406	\$ 117,806

The ambulances are being amortized on a straight-line basis over their economic life, beginning in the year of acquisition.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

4. Commitments (continued):

Minimum annual payments under capital leases on equipment over the full lease term is as follows:

Interest rate		see below
Expiry date		see below
2009	\$	58,102
2010		58,102
2011		58,102
2012		39,098
2013		28,532
Total minimum lease payments		241,936
Amount representing interest		(9,738)
Balance of the obligation (note 6)		232,198
Less current portion		(54,202)
Long-term portion		\$ 177,996

Equipment under capital lease consists of two ambulance leases, one at 4.85% interest, expiring June 30, 2011, and one at 4.94% interest expiring Feb 28, 2013.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

5. Mortgages payable:

Title of Issue	Interest Rate	Annual Repayment Terms	2008	2007
Heritage Manor, Kindersley - CMHC, due May 1, 2021	5.0%	\$289,327 principal and interest of which \$89,076 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Sep. 1, 2014	\$ 2,791,898	\$ 2,938,197
Golden Years Lodge, Elrose - CMHC, due Aug. 1, 2025	4.3%	\$71,982 principal and interest of which \$66,000 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2016	882,388	915,717
Jubilee Lodge, Eston - CMHC, due June 1, 2022	4.2%	\$77,534 principal and interest of which is \$17,111 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Oct. 1, 2015	833,855	875,882
Diamond Lodge Company Ltd. - CMHC, due April 1, 2019	4.2%	\$78,732 principal and interest of which \$16,419 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Oct. 1, 2015	699,061	747,721
Outlook & District Pioneer Home, Outlook - CMHC, due April 1, 2021	4.7%	\$58,742 principal and interest of which \$15,700 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2016	575,130	606,301
Prairie Manor, Dinsmore - CMHC, due April 1, 2022	4.7%	\$42,704 principal and interest of which \$11,775 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2016	440,819	462,448

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

5. Mortgages payable (continued):

Title of Issue	Interest Rate	Annual Repayment Terms	2008	2007
Prairie View Lodge, Davidson -CMHC , due Dec. 1, 2020	5.1%	\$46,995 principal and interest of which \$15,107 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Dec. 1, 2013	440,209	464,096
Lucky Lake & District Special Care Home Inc. - CMHC, due Oct. 1, 2021	4.3%	\$42,330 principal and interest of which \$10,031 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2016	435,319	458,423
Buena Vista Lodge, Kerrobert, CMHC, due April 1, 2025	8.0%	\$20,814 principal and interest. Mortgage renewal date - Apr. 1, 2025	195,256	200,479
Diamond Lodge Company Ltd., Biggar - CMHC, due Aug. 1, 2025	8.0%	\$11,743 principal and interest. Mortgage renewal date - Aug. 1, 2025	111,164	114,036
Outlook & District Pioneer Home Inc., Outlook - CMHC, due Jan. 1, 2017	5.4%	\$14,686 principal and interest. Mortgage renewal date - Jan. 1, 2017	103,368	112,300
Arm River Housing Corporation, Davidson - CMHC, due Dec. 1, 2016	5.4%	\$13,097 principal and interest. Mortgage renewal date - Dec. 1, 2016	91,478	99,479
Wheatbelt Centennial Lodge, Rosetown - CMHC, due Oct. 1, 2017	5.9%	11,182 principal and interest. Mortgage renewal date - Oct. 1, 2017	80,304	86,625
Unity & District Health Centre, Unity - CMHC, due April 1, 2019	6.9%	\$9,824 principal and interest. Mortgage renewal date - Apr. 1, 2019	76,424	80,902

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

5. Mortgages payable (continued):

Title of Issue	Interest Rate	Annual Repayment Terms	2008	2007
Diamond Lodge Company Ltd., Biggar - CMHC, due Jan. 1, 2017	5.4%	\$10,674 principal and interest. Mortgage renewal date - Jan. 1, 2017	75,110	81,603
Jubilee Lodge, Eston - CMHC, due May 1, 2017	5.8%	\$4,509 principal and interest. Mortgage renewal date - May 1, 2017	32,169	34,770
Wilkie & District Centennial Nursing, Wilkie - CMHC, due Feb. 1, 2008	4.4%	\$119,895 principal and interest of which \$18,154 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Feb. 1, 2008	-	107,574
			7,863,952	8,386,553
Less current portion			431,589	518,589
			\$ 7,432,363	\$ 7,867,964

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2009	\$ 431,589
2010	453,454
2011	475,833
2012	499,339
2013	524,029
Subsequent	5,479,708
	\$ 7,863,952

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

6. Long-term debt:

Title of Issue	Interest Rate	Annual Repayment Terms	2008	2007
Biggar Ambulance Lease, Saskatchewan Property Management Corp.	4.94%	\$29,597 principal and interest. Lease term 5 years. (note 4(c))	140,168	-
Outlook Ambulance Lease, Saskatchewan Property Management Corp.	4.85%	\$28,505 principal and interest. Lease term 5 years. (note 4(c))	92,031	118,535
Biggar Ambulance Garage, Town of Biggar	4.25%	\$19,215 principal and interest. Loan maturity date December 7, 2011	69,338	84,943
			301,537	203,478
Less current portion			70,470	42,109
			\$ 231,067	\$ 161,369

Principal repayments required in each of the next five years is estimated as follows:

2009	\$	70,470
2010		72,189
2011		73,957
2012		56,668
2013		28,253
	\$	301,537

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

7. Deferred revenue:

	Balance beginning of year	Less amount recognized	Add amount received	Balance end of year
Saskatchewan Health Initiatives:				
Health Improvements Initiatives	\$ 536,336	\$ (264,702)	\$ -	\$ 271,634
Behavioural Management Initiatives	117,888	(32,209)	-	85,679
Safety Training Initiative	-	(2,696)	39,052	36,356
Professional Development	66,805	(30,285)	63,108	99,628
Family & Schools Together	40,171	(24,504)	40,850	56,517
Diabetes Strategy Program	31,536	-	-	31,536
Quality Health Workplace Initiative	73,318	(31,025)	(11,658)	30,635
Infant Mortality Risk Program	57,201	-	-	57,201
Mental Health Manager	60,000	(36,719)	-	23,281
Communication Systems	58,506	-	-	58,506
Primary Health System-MARS				
Software Program	41,466	-	-	41,466
Tri-District Parent Support	25,854	(650)	-	25,204
Workplace Wellness	9,751	-	-	9,751
Parent Support Program	17,484	(17,483)	-	1
Hospital Information Protection Act	19,200	(10,253)	-	8,947
Smoking Prohibitions	14,560	-	-	14,560
Primary Health Info Service	10,031	-	-	10,031
Aboriginal Awareness	572	(15,720)	22,470	7,322
Mental Health-Approved Homes	10,766	-	-	10,766
Adult Behavioural Management	10,017	-	-	10,017
Eatonia Personal Care	-	(5,400)	70,200	64,800
Occupational Health & Safety	70,000	(43,229)	-	26,771
Immunizations MMR	-	-	4,224	4,224
Mentorship	-	-	10,150	10,150
Tanawe	-	-	4,040	4,040
Saskatchewan Immunization				
Management	7,891	(7,891)	-	-
Hope Project	35,000	-	-	35,000
Out of Scope Relief	-	(49,805)	150,000	100,195
Out of Scope Classification Plan	-	-	72,186	72,186
Public Health Inspection Enhancement	55,500	-	-	55,500
MDS Home Care	51,371	(51,371)	-	-
Short Term Home Care Initiative	23,402	-	-	23,402
Nursing Education Professional				
Development	-	(26,013)	26,013	-
Kids First Program	63,185	(72,282)	68,000	58,903
Primary Health Initiatives	-	-	70,500	70,500
	1,507,811	(722,237)	629,135	1,414,709
Other initiatives:				
Evidence Based Decision Making				
Workshop	11,927	-	-	11,927
Former Greenhead Education Fund	6,085	(4,207)	-	1,878
Workplace Wellness	-	(1,241)	2,142	901
Watch Me Learn	3,054	(3,054)	-	-
Biggar Community Kitchen Program	6,335	(6,335)	-	-
Biggar Summer Preschool	672	(672)	-	-
Kids First Program	-	(112)	64,800	64,688
Momma Mia!	9,247	(6,513)	-	2,734
On the Move	205	(205)	-	-
	37,525	(22,339)	66,942	82,128
	\$ 1,545,336	\$ (744,576)	\$ 696,077	\$ 1,496,837

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

8. Net change in non-cash working capital:

	Operating Fund		Restricted Funds			
	2008	2007	Capital Fund	Community Trust Fund	Total 2008	Total 2007
Accounts receivable	\$ 778,330	\$ 1,577,174	\$ 148,099	\$ -	\$ 148,099	\$ (777,084)
Inventory	(68,832)	45,196	-	-	-	-
Prepaid expenses	31,268	(192,013)	-	-	-	-
Accounts payable	(789,766)	1,182,655	262,846	-	262,846	714,587
Accrued salaries	811,329	(2,555,988)	-	-	-	-
Vacation payable	597,067	237,027	-	-	-	-
Deferred revenue	(48,499)	(131,586)	-	-	-	-
	\$ 1,310,897	\$ 162,465	\$ 410,945	\$ -	\$ 410,945	\$ (62,497)

9. Patient and resident trust accounts:

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2008 was \$17,951 (2007 - \$18,105). These amounts are not reflected in the financial statements.

10. Related parties:

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related party transactions

Transactions with related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

10. Related parties (continued):

	2008	2007
Accounts receivable:		
Saskatchewan Health	\$ 484,941	\$ 826,154
Prepaid expenses:		
Workers' Compensation	\$ 198,669	\$ 213,208
SGI Canada Insurance Services Ltd.	27,798	4,568
	\$ 226,467	\$ 217,776
Accounts payable:		
Saskatchewan Healthcare Employees' Pension Plan	\$ 320,978	\$ 268,144
Sask Energy Incorporated	120,131	102,900
SAHO Disability Plan	77,173	72,275
Saskatchewan Health	18,058	55,496
Saskatchewan Property Management Corporation	4,928	81,384
St. Joseph's Hospital of Macklin	4,085	732
Saskatchewan Telecommunications	73,388	29,489
SAHO Dental Plan	44,179	36,829
Saskatoon Regional Health Authority	20,614	22,084
Saskatchewan Association of Health Care Organizations	14,260	23,547
Saskatchewan Finance	5,285	8,572
	\$ 703,079	\$ 701,452
Revenues:		
Saskatchewan Health	\$ 71,026,828	\$ 68,934,244
Saskatchewan Housing Corporation	273,455	261,606
Other	74,041	80,601
	\$ 71,374,324	\$ 69,276,451
Expenses:		
Saskatchewan Healthcare Employees' Pension Plan	\$ 2,766,961	\$ 2,838,724
St. Joseph's Hospital of Macklin	1,595,546	1,677,988
SAHO Enhanced Medical/Extended Dental Plan	1,323,170	1,536,766
Saskatchewan Property Management Corporation	845,783	771,576
Saskatchewan Workers' Compensation Board	890,498	984,381
Saskatchewan Power Corporation	730,944	729,648
SaskEnergy Incorporated	747,659	692,067
SAHO Disability Plan	654,084	659,676
Bridgepoint Centre for Eating Disorders Inc.	464,417	450,890
Saskatchewan Telecommunications	487,688	436,246
SAHO Dental Plan	513,201	430,645
Saskatoon Regional Health Authority	364,849	330,790
Saskatchewan Association of Health Care Organizations	159,638	151,468
Beechy Domain Emergency Services	124,041	124,194
Minister of Finance	18,009	55,690
Other Regional Health Authorities	66,007	13,451
Saskatchewan Finance	27,280	39,449
Public Employees Pension Plan	35,223	81,370
SGI Canada Insurance Services Ltd.	51,262	4,829
Elrose Ambulance Service	13,498	15,711
	\$ 11,879,758	\$ 12,025,559

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

10. Related parties (continued):

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, RHA provided the following amounts to CBOs and third parties:

	2008	2007
Bridgepoint Centre for Eating Disorders Inc.	\$ 464,417	\$ 450,890
Canadian Mental Health Association (Saskatchewan Division) Inc.	25,682	24,934
	\$ 490,099	\$ 475,824

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with , and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to the RHA's affiliate:

	2008	2007
St. Joseph's Hospital of Macklin	\$ 1,595,546	\$ 1,654,507
	\$ 1,595,546	\$ 1,654,507

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

10. Related parties (continued):

b) Health Care Organizations - continued:

ii) Affiliates - continued

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity as at March 31, 2008 and 2007 and for the years then ended:

	2008	2007
Statement of financial position:		
Assets	\$ 416,301	\$ 376,968
Net capital assets	2,685,696	2,774,997
	\$ 3,101,997	\$ 3,151,965
Total liabilities	\$ 215,828	\$ 181,312
Total fund balances	2,886,169	2,970,653
	\$ 3,101,997	\$ 3,151,965
Results of operations:		
RHA grant	\$ 1,595,546	\$ 1,654,507
Other revenue	363,357	361,144
Total revenue	1,958,903	2,015,651
Salaries and benefits	\$ 1,637,794	\$ 1,649,205
Other expenses	405,593	412,346
Total expenses	2,043,387	2,061,551
Deficiency of revenue over expenses	\$ (84,484)	\$ (45,900)

Other expenses includes amortization of \$116,224 (2007 - \$116,356).

Cash flows:

Cash from operations	\$ 66,047	\$ 55,583
Cash used in investing activities	(62,572)	(3,995)
Increase in cash	\$ 3,475	\$ 51,588

Cash used in investing activities includes capital purchases of \$31,624 (2007 - \$3,813).

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

11. Comparative information:

Certain 2006-07 balances have been reclassified to conform to the current year's presentation.

12. Pension plans:

Employees of the RHA participate in one of the following pension plans:

- Saskatchewan Healthcare Employee's Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
- Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense for the year amounted to \$2,802,184 (2007 - \$2,920,094) and is included in benefits in Schedule 1.

Contribution rates are as follows:

- 6.55% (2007 - 6.55%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus
- 8.23% (2007 - 8.23%) of pensionable earnings above the yearly maximum pensionable earnings (CPP).

13. Budget:

The RHA approved the 2007-2008 budget plan on May 15, 2007.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

14. Financial instruments:

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Worker's Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
 - Accounts receivable
 - Accounts payable
 - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is \$5,247,221 (2007 - \$5,188,053) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2008

15. Interfund transfers:

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2008			2007		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	\$ (128,131)	\$ 128,131	\$ -	\$ (661,585)	\$ 661,585	\$ -
	\$ (128,131)	\$ 128,131	\$ -	\$ (661,585)	\$ 661,585	\$ -

16. Joint job evaluation reconsiderations:

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, the Reconsideration Committee completed recommendations on these appeals, and major disputes were heard before the JJE Dispute Resolutions Tribunal (Tribunal). There still remains a number of individual "outstanding bundling issues" that consist of recommendations by the Reconsideration Committee that were not agreed to by the Steering Committee. Outcomes of the Tribunal resulted in further "bundling issues" regarding additional classifications created and revised duties of existing classifications. A process to deal with these additional "bundling issues" is being negotiated between respective unions and SAHO, and is expected to extend well into 2008.

A financial obligation to pay reconsideration costs occurs once the Steering Committee and the Reconsideration Committee reach a consensus decision. The results of outstanding bundling issues are currently unknown. The costs of these cannot be reasonably determined at this time.

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object

Year ended March 31, 2008, with comparative figures for 2007

	Budget 2008	2008	2007
Operating:			
Board costs	\$ 136,135	\$ 103,953	\$ 121,355
Compensation - benefits	9,246,967	9,204,387	8,822,082
Compensation - salaries	51,149,003	52,697,977	48,353,625
Diagnostic imaging supplies	114,963	93,493	105,739
Drugs	761,859	664,327	641,056
Food	1,240,813	1,235,962	1,193,592
Grants to ambulance services	96,267	97,695	96,267
Grants to third parties	2,051,951	2,084,712	2,039,486
Housekeeping and laundry supplies	596,376	599,302	580,182
Information technology contracts	240,700	178,807	215,919
Insurance	284,874	282,677	259,374
Interest	4,200	4,465	4,732
Laboratory supplies	627,920	535,572	591,833
Medical and surgical supplies	938,155	960,360	854,386
Medical remuneration and benefits	794,849	727,395	781,219
Office supplies and other office costs	446,011	409,836	418,143
Other	1,210,067	1,161,752	1,131,522
Other referred out services	402,414	427,275	359,921
Professional fees	608,102	549,593	536,327
Prosthetics	-	-	-
Purchased services	162,600	153,633	174,286
Rent/lease/purchases	840,222	996,985	793,402
Repairs and maintenance	720,242	591,542	746,443
Service contracts	435,769	621,612	513,770
Travel expense	889,504	872,207	817,886
Utilities	1,576,617	1,583,834	1,503,305
	75,576,580	76,839,353	71,655,852
Restricted:			
Amortization		3,298,083	3,377,385
Other		41,325	24,444
Mortgage interest expense	-	390,079	418,577
		3,729,487	3,820,406
		\$ 80,568,840	\$ 75,476,258

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2008

	Amount	Maturity	Effective Rate
Restricted cash and investments			
Cash and short-term investments:			
Chequing and savings:			
Rosetown Prairie Centre Credit Union	\$ 2,065,454		
	2,065,454		
Short-term investments:			
TD Premium Money Market	712,498		3.92 %
GIC - National Bank of Canada	55,893	16-Jul-08	4.10 %
CPN - Province of Ontario	54,241	03-Nov-08	3.35 %
CPN - Province of Ontario	17,163	19-Nov-08	3.08 %
	839,795		
	2,905,249		
Long-term investments:			
GIC-Bank of Nova Scotia	56,393	16-Jul-09	4.35 %
CPN-Province of Ontario	52,453	03-Nov-09	3.35 %
CPN-Province of Ontario	50,578	03-Nov-10	3.35 %
CPN-Province of Ontario	8,986	03-May-11	3.83 %
CPN-Province of Ontario	48,350	03-Nov-11	3.35 %
CPN-Province of Ontario	8,600	03-May-12	3.83 %
CPN-Province of Ontario	46,327	03-Nov-12	3.35 %
CPN-Province of Ontario	8,222	03-May-13	3.83 %
CPN-Province of Ontario	7,855	03-May-14	3.83 %
CPN-Province of Ontario	7,481	03-May-15	3.83 %
	295,245		
Total restricted cash and investments	3,200,494		
Unrestricted cash and investments			
Cash and short-term investments:			
Chequing and savings:			
Rosetown Prairie Centre Credit Union	6,336,983		
Kerrobert Credit Union	614,362		
Biggar Credit Union	83,679		
Kindersley Credit Union	60,375		
Unity Credit Union	58,260		
Davidson Credit Union	26,610		
Wilkie Credit Union	32,907		
Lucky Lake CIBC	22,377		
Petty cash	8,120		
RBC Dominion Securities	45		
	7,243,718		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2008

	Amount	Maturity	Effective Rate
Short-term investments:			
Co-op Equity Accounts	40,734		- %
GIC-Concentra	817,571	27-Aug-08	4.86 %
PRN Canada Housing Trust	147,615	15-Dec-08	3.67 %
GIC-Coast Cap	694,115	29-Jan-09	4.55 %
	1,700,035		
	8,943,753		
Long-term investments:			
GIC-Coast Cap	685,658	27-Aug-09	4.05 %
Government of Canada	144,315	01-Oct-09	3.91 %
GIC-HSBC Bank	60,301	08-Jun-10	4.40 %
GIC-AGF Trust	76,630	16-Feb-11	4.36 %
GIC-Equitable Trust	76,537	16-Feb-11	4.30 %
GIC-ICICI Bank	60,458	08-Jun-11	4.55 %
GIC-Laurentian Bank	78,794	31-Jan-12	4.33 %
GIC-Montreal Trust	78,768	31-Jan-12	4.30 %
GIC - Pacific & Western	57,828	04-May-12	4.42 %
GIC - Home Trust Company	62,429	04-May-12	4.45 %
	1,381,718		
Total unrestricted investments	10,325,471		
Total investments	\$ 13,525,965		

Restricted investments include: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) held in the Capital Fund (Schedule 4).

Restricted and unrestricted totals	
Total cash and short-term investments	\$ 11,849,002
Total long-term investments	1,676,963
Total cash and investments	\$ 13,525,965

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2008, with comparative figures for 2007

Community Trust Fund Equity

	Balance beginning of year	Investment income	Donations	Expenses	Transfer to investment in capital asset fund balance	Balance end of year
Trust name:						
Greenhead District Home Care	\$ 54,984	\$ 2,200	\$ -	\$ -	\$ (14,534)	\$ 42,650
Total community trust fund	\$ 54,984	\$ 2,200	\$ -	\$ -	\$ (14,534)	\$ 42,650

Capital Fund

	Balance beginning of year	Donation income	Saskatchewan Health	Expenses	Transfer to investment in capital asset fund balance	Balance end of year
Designated for:						
Biggar Hospital	\$ 73,123	\$ 56,334	\$ -	\$ -	\$ (40,135)	\$ 89,322
Outlook Hospital	1,163	1,355,940	2,676,004	-	(4,007,360)	25,747
Biggar Diamond Lodge	59,396	11,393	-	-	(15,778)	55,011
Outlook Pioneer Home	467	(64)	-	-	-	403
Eatonia	1,019	-	-	-	-	1,019
Kerrobert	2,278	30,034	-	-	(30,410)	1,902
Kindersley	24,421	228,771	-	-	(217,008)	36,184
Rosetown	(3,512)	362,302	-	-	(169,754)	189,036
Unity	24,439	17,889	-	-	(26,036)	16,292
Davidson	6,364	24,016	-	-	(23,895)	6,485
Dinsmore	26,341	12,208	-	-	(20,737)	17,812
Elrose	7,363	11,515	-	-	(15,645)	3,233
Eston	16,946	8,211	-	-	(36,867)	(11,710)
Lucky Lake	-	3,140	-	-	(3,140)	-
Wilkie	9,810	(689)	-	-	(2,563)	6,558
EMS	42,775	2,600	-	-	(10,217)	35,158
Home Care	10,329	1,687	-	-	-	12,016
Addictions	100	-	-	-	-	100
Region	8,274	(1,932)	-	-	7,260	13,602
Population Health	300	-	-	-	-	300
Equipment	246,974	-	339,000	-	(363,602)	222,372
Diagnostic Equipment	143,287	-	552,674	-	(279,706)	416,255
Ambulance	150,000	-	-	-	(118,454)	31,546
Cardiac Monitors	150,000	-	-	-	(150,000)	-
Facility Assessment Audits	70,000	-	13,382	-	(83,382)	-
Safety Equipment	-	-	779,012	-	-	779,012
Block Funding	-	-	224,017	-	-	224,017
Total capital fund	\$ 1,071,657	\$ 2,123,355	\$ 4,584,089	\$ -	\$ (5,607,429)	\$ 2,171,672
Total externally restricted funds	\$ 1,126,641	\$ 2,125,555	\$ 4,584,089	\$ -	\$ (5,621,963)	\$ 2,214,322

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances

Year ended March 31, 2008, with comparative figures for 2007

	Balance, beginning of year	Investment income allocated	Annual allocation	Transfer in	Transfer out	Balance, end of year
SHC Replacement Reserve:						
Biggar Diamond Lodge	\$ 148,930	\$ -	\$ -	\$ -	\$ -	\$ 148,930
Outlook Pioneer Home	103,270	-	-	-	-	103,270
Kerrobot Buena Vista Lodge	44,000	-	-	-	-	44,000
Kindersley Heritage Manor	224,880	-	-	-	-	224,880
Rosetown Wheatbelt Centennial Lodge	200,000	-	-	-	-	200,000
Unity & District Health Centre	124,250	-	-	-	-	124,250
Davidson Prairie View Lodge	273,150	-	-	-	-	273,150
Elrose & District Health Centre	74,000	-	-	-	-	74,000
Eston Jubilee Lodge	200,690	-	-	-	-	200,690
Wilkie & District Nursing Home	79,000	-	-	-	(79,000)	-
	1,472,170	-	-	-	(79,000)	1,393,170
Other Internally Restricted Funds						
Rosetown Nurses Residence Renovations	300,000	-	-	-	(300,000)	-
	300,000	-	-	-	(300,000)	-
Total internally restricted funds	\$ 1,772,170	\$ -	\$ -	\$ -	\$ (379,000)	\$ 1,393,170

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration

Year ended March 31, 2008, with comparative figures for 2007

RHA Members	Retainer	Per diem	Travel time expenses	Travel and sustenance expenses	Other expenses	CPP	Total 2008	Total 2007
Chairperson:								
Lyle Leys	\$ 10,790	\$ 11,944	\$ -	\$ 4,704	\$ -	\$ -	\$ 27,438	\$ 29,529
	10,790	11,944	-	4,704	-	-	27,438	29,529
Board Member:								
Cindy Hoppe	-	2,763	-	874	-	77	3,714	4,743
Carey Howie	-	4,062	-	1,377	-	154	5,593	6,278
Dianne Javens	-	-	-	-	-	-	-	96
Gary Johnson	-	3,600	-	1,454	-	112	5,166	7,128
Les Langager	-	2,625	-	731	-	83	3,439	6,692
Don Leitch	-	1,650	-	55	-	-	1,705	-
Erhard Poggemiller	-	2,600	-	968	-	82	3,650	8,385
Betty Shapka	-	6,688	-	3,469	-	264	10,421	15,292
George Siemens	-	4,250	-	1,240	-	-	5,490	4,889
William Sittler	-	2,900	-	1,298	-	84	4,282	7,201
Wayne Vaxvick	-	3,450	-	1,185	-	117	4,752	6,602
Evelyn Wagner	-	4,156	-	1,876	-	146	6,178	8,438
	-	38,744	-	14,527	-	1,119	54,390	75,744
Total	\$ 10,790	\$ 50,688	\$ -	\$ 19,231	\$ -	\$ 1,119	\$ 81,828	\$ 105,273

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2008, with comparative figures for 2007

Staff	Salaries ¹	Benefits and allowances ²	Sub-total	Severance Amount	Total 2008	Salaries benefits and allowances ^{1,2}	Severance	Total 2007
Ken Wersch, CEO	\$ 168,175	\$ 6,557	\$ 174,732	\$ -	\$ 174,732	\$ 166,848	\$ -	\$ 166,848
	168,175	6,557	174,732	-	174,732	166,848	-	166,848
Senior positions:								
Stacey Bosch, VP of Corporate Services	124,820	-	124,820	-	124,820	114,861	-	114,861
Caroline Glessing, VP of Community Services	115,617	-	115,617	-	115,617	40,121	-	40,121
Linda Wasko Lacey, VP of Health Services	125,795	-	125,795	-	125,795	118,692	-	118,692
Dennis Moore, VP of Corporate Planning	-	-	-	-	-	60,163	47,615	107,778
Sheila Pajunen, VP of Human Resources	122,521	-	122,521	-	122,521	112,096	-	112,096
Lefa Sproxton, VP of Community Services	-	-	-	-	-	67,908	-	67,908
Lefa Sproxton, VP of Corporate Planning	124,288	-	124,288	-	124,288	48,506	-	48,506
	613,041	-	613,041	-	613,041	562,347	47,615	609,962
Dr. Dave Ledding, Senior Medical Manager	42,075	-	42,075	-	42,075	38,351	-	38,351
	42,075	-	42,075	-	42,075	38,351	-	38,351
Total	\$ 823,291	\$ 6,557	\$ 829,848	\$ -	\$ 829,848	\$ 767,546	\$ 47,615	\$ 815,161

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lump sum payments, and any other direct cash remuneration.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell-phone, computer, etc. (As well as any other taxable benefits.)

